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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

(0)

Account Name : AVENTUS LAW GROUP PLLC

Account Number : I20230000152 Phone : (321)250-3577 Fax Number : (321)250-3985

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۲,	**Enter the email address fo	r this	business	entity	to be us-	ed for futuré	3
۲.	$=$ $^{\prime\prime}_{i}$ $^{oldsymbol{arphi}}$ annual report mailings.	. Enter	only one	email a	address p	lease.**	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AQUA APARTMENT HOMES, LLC

Certificate of Status	0
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: AQUA APARTMENT HOMES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerrard L. Grant
Name of Person
Aventus Law Group PLLC
Firm/Company
1095 W. yora Blud - Suite 200
Address
Winter Park FC 32789
City/State and Zip Code
elsamin 2002 @ 9 mail.com s-mail address: (to be used for future annual report normal)

For further information concerning this matter, please call:

Servard L. Grant at (321) 250 3227

Name of Person at (321) Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 From: Ana

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NENI	HOMES.	UC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears or Liab:lity Company)	our records.)		
The Articles of Organization for this Limited Lie Florida document number	05547.	were filed on	9/16/2	OZZ and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the design	nation "LLC" or the	abbreviation "L.IC."	 ·
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREE)	"ADDRESS)				_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0.x)</u>			2024 J UI	 - 1.
B. If amending the registered agent and/or re agent and/or the new registered office address		iddress on our reco	rds, <u>enter the na</u>	me of the new region	= - ered
Name of New Registered Agent:				O : 1	_
New Registered Office Address:	1095	W. Mors	street address	Suk 200	_
	Us inte	1 Park	, Elorida _	32789 Zip Code	·= •

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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Note: I	we date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the id.
Dated _	Signature of a member or authopzed representative of a member
	Suprature of a member of authorized representative of a member