L22000439940

(Requestor's Name)
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2028 JUN 12 KM 7: 05

COVER LETTER

Division of Corporations							
SUBJECT:	Agua Ger Name of Lim	ited Liability Company	<u> </u>				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	BRad	Vey 9/1910 5 Name of Person	mith				
a Qua gen 1/C Firm/Company							
	1403 Holleman DRIVE						
City/State and Zip Code City/State and Zip Code Mala V. 5mith O yahoo. Com E-mail address: (to be used for future annual report notification)							
	E-mail address: (t	City/State and Zip Code MGR/9 V 5 M / To be used for future annual report noti	the yahoo. co-				
For further information co	ncerning this matter, please ca		,				
Beadley Name of	Smith_ Person	at (<i>F13</i>) <u>943</u> Area Code Daytim	188 7 e 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2023 JUN .			
(Name of the Kimited Liability Company as it now appears on our reconstruction (A Florida Limited Liability Company)	12 AH			
(Name of the Kimited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)			
	<i>ii i</i>			
The Articles of Organization for this Limited Liability Company were filed on	2022 and assigned			
The Articles of Organization for this Limited Liability Company were filed on 10/12/ Florida document number 2 L 22000439940				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "L	.C			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address on our records, ent	er the name of the new registere			
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street add	Enter l'Iorida street address			
	Florida			
City	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.

If Changing Registered Agent, Signature of New Registered Agent

Page 2 of 3

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (ting.) Pursuant to 695,9207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated Time C7 ROWS Significe of a member or abbitanced representative of a member Beadly Allan Smith.		
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	Dated _	June 07 2023
		A > 3
		Signature of a member or authorized representative of a member

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			∏Change.