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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AQUABLUE8 PAY, LLC**

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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To:

COVER LETTER

| TO: Registration Se Division of Con | | | |
|--|---|---|--|
| AQUABI. | JUES PAY, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | 'Amendment and fee(s) are sub | - | |
| Trease return an correspo | Cheyenne Moseley | to the following. | |
| | | Name of Person | NOTION 1 0 0 00 0 0000 0000 0000 0000 0000 0 |
| | Legalzoom.com, Inc. | | |
| | | Firm/Company | |
| | 101 N Brand Blvd 11th Fl | | |
| | | Address | |
| | Glendale, CA 91203 | | |
| | jmas@jasonasher.com | City/State and Zip Code | |
| | ,- | to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please co | | |
| Cheyenne Moseley | | 800 773-0888 | |
| Name (| of Person | at () | Telephone Number |
| Enclosed is a check for t | he 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: Laura Rodriguez

| AQUABLUES PAY, LLC | | |
|--|--|-------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | ny as it now appears on our records.) Jubility Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 11/29/2022 | and assigned |
| Florida document number L22000501760 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or th | e 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 of | | er the name of the |
| registered agent and/or the new registered office address her | <u>e</u> : | |
| | Ţ | . 20 |
| Name of New Registered Agent: | | 2022 |
| New Registered Office Address: | | / |
| | Enter Florida street address | |
| | . Florida | on f |
| | Cuy | Zıp Code |
| New Registered Agent's Signature, if changing Registered Agent: | , | ਼ ਛ |

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, E.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

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|---------------------------------|----------------|
| AMBR | Marc Shamula | | O Add |
| | | | Remove |
| | | 705 Ave. #M. Brooklyn, NY 11230 | E Change |
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| ectiv | e date, if other than the date of filing: (optional) |
| <u>te;</u> li | zive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuent to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records. |
| reco he 9 | and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 30th day after the record is filed. |
| . (| 06/14/2023 |
| | Jann Mashun |
| | Signature of a member or authorized representative of a member |
| | Jason Asher |

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Filing Fee: \$25.00