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COVER LETTER

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	IMILY INV	ESTEMENTS OF TAMPA	LLC				
SUBJECT: _		Name of Lim	ited Liability Company	<u> </u>	_		
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return a	ll correspond	dence concerning this matter	to the following:				
		LAZARO RODRIGUEZ					
			Name of Person				
			Firm/Company			21	
		1420 SE 16TH PLACE S	SUITE 204			2023 KAY 19	е - г г
			Address		1		- <u> </u>
		CAPE CORAL, FL 33990					. 1
		Lazaro@similyinsurance.cc	City/State and Zip Code om to be used for future annual re	part notification)		PM 2: 16	Pass Pass
For further inf	ormation cor	neerning this matter, please co		port notification,			
LAZARO RO	DRIGUEZ		239 218- at ()	-6565			
·	Name of I	Person	Area Code	Daytime Telephone Num	ıber	_	
Enclosed is a c	check for the	following amount:					
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif sed) Certif	Filing I ficate of fied Copy fied Copy i	Status & y	
	ing Address: istration So		<u>Street Ado</u> Registrat	dress: tion Section			
Divi	sion of Co	rporations	Division	of Corporations			
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P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIMILY INVESTMENTS OF TAMPA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on __03/03/2023 ____ and assigned Florida document number L23000113035 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AQUAHEAVEN INVESTMENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
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			Change
			□Add
		10000	□Remove
			2023 □Change
			C) Remove
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fective date, if other than to n effective date is listed, the date note: If the date inserted in this cument's effective date on the	nust be specific a block does no	and cannot be pr t meet the app	rior to date of f dicable statut	ling or more that	n 90 davs a	iter filing	.) Pursua	nnt to 605.020 ot be listed :
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MAY, 16		2023						
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Filing Fee: \$25.00