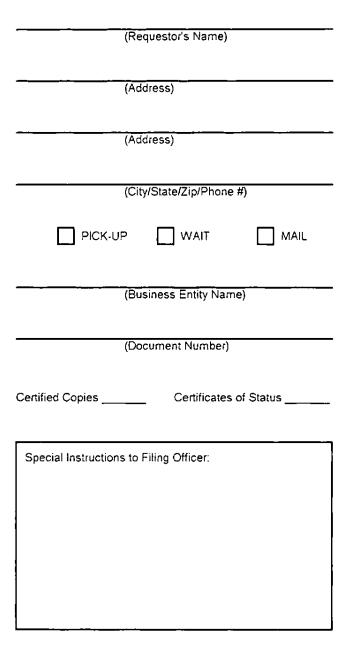
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AQUA Dienes Di				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Yiomara Anderson Name of Person				
1330 Derbyshire Ct - API 204				
Address				
Naples, FL 3416 City/State and Zip Code Xiomander Q Mail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Xiomara Anderson at (774) 222-0079 Name of Person Daytime Telephone Number				
Enclosed is a check for the following amount:				
© \$25.00 Filing Fee	tus &			
Mailing Address: Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT OT' ARTICLES OF ORGANIZATION

t <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number $\frac{123000133122}{}$		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit A Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q		ibbreviation "L.IC."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
	<u> </u>	24	
		:0	
Enter new mailing address, if applicable:		. <u></u> ω	
(Mailing address MAY BE A POST OFFICE BOX)		TP I	
		<u>က်</u>	
		- 29	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>enter the na</u>	ne of the new registered	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I am gent as provided for in Chapter 605, F.S. Or ed office address, I hereby confirm that the L	familiar with and r. if this document is	

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	Xiomara Anderson	1330 Derbyshire Ct Art 204 Naples, FL 3A116	Œ/Add
		Naples, FL 3A116	□Remove
			□Change
			□Add
			□Remove
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			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (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 filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 01/10/29 Signature of a member or authorized representative of a member

Filing Fee: \$25.00