

6/20/23, 1:47 PM

Division of Corporations

L23000269048

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
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Email Address: melissamunera@gmail.com

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AQUA BELLA H2O LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 03      |
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2023 JUN 20 PM 1:25

LLC

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Corporate Filing Menu

Help

T. LEMIEUX

JUN 21 2023

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AQUA BELLA H2O 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 06/02/2023 and assigned  
Florida document number L23000269048.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

13506 FAWN RIDGE BLVD

TAMPA, FLORIDA 33626

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

13506 FAWN RIDGE BLVD

TAMPA, FLORIDA 33626

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MELISSA MUNERA

New Registered Office Address:

13506 FAWN RIDGE BLVD

Enter Florida street address

TAMPA

Florida

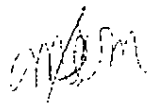
33626

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**

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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>         | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|---------------------|------------------------|--|
| MGR          | JOHN TSESMELIS      | 1881 BRIDGEWATER DRIVE | <input type="checkbox"/> Add               |
|              |                     | LAKE MARY, FL 32746    | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |
| MGR          | LAYLA TSESMELIS     | 1881 BRIDGEWATER DRIVE | <input type="checkbox"/> Add               |
|              |                     | LAKE MARY, FL 32746    | <input checked="" type="checkbox"/> Remove |
|              |                     |                        | <input type="checkbox"/> Change            |
| AMBR         | MELISSA MUNERA      | 13506 FAWN RIDGE BLVD  | <input type="checkbox"/> Add               |
|              |                     | TAMPA, FL 33626        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input checked="" type="checkbox"/> Change |
| AMBR         | CRISTHIAN GUTIERREZ | 13506 FAWN RIDGE BLVD  | <input type="checkbox"/> Add               |
|              |                     | LAKE MARY, FL 32746    | <input type="checkbox"/> Remove            |
|              |                     |                        | <input checked="" type="checkbox"/> Change |
| AMBR         | MARCO MUNERA        | 3923 VERSAILLES DRIVE  | <input checked="" type="checkbox"/> Add    |
|              |                     | TAMPA, FL 33624        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |
|              |                     |                        | <input type="checkbox"/> Add               |
|              |                     |                        | <input type="checkbox"/> Remove            |
|              |                     |                        | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**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 JUNE 19 2023

Signature of a member or authorized representative of a member

MELISSAMUNERA

Typed or printed name of signee

**Filing Fee: \$25.00**