L23000300082

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO:	Registration So Division of Cor			
	EXPROA	QUA LLC		
SUBJ	ECT:			
		Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JUAN J. RODRIGUEZ J	UARFZ	
			Name of Person	
		EXPROAQUA LLC		
			Firm/Company	
		10707 NW 75TH TER		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		jjrjuarez@gmail.com		
		E-mail address: (to be used for future annual report no	otification)
For fur	rther information c	oncerning this matter, please ca	all:	
Juan	j. Rodriguez Juare:	<i>t.</i>	786 6839685	
	Name o	f Person	at () Area Code Davti	me Telephone Number
	14mile (r r erson	Alca Code Dayu	me reseptione rotation
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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	_	Street Address:	action
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632	-	The Centre of	•
	Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPROAQUALLC

company has been notified in writing of this change.

(A Florida Limited Liza	ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 1.23000300082	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
EXPROAQUA DISTRIBUTION LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		2023 FAL
New Registered Office Address:	Enter Florida street address	ARCIAR 9
	Flori	The state of the s
New Registered Agent's Signature, if changing Registered Agent:	City	ORIO
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and	I am familiar with and

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			☐ Remove
			☐ Change

	
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Note: If	date, if other than the date of filing:
Note: If document of the content of	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. 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
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