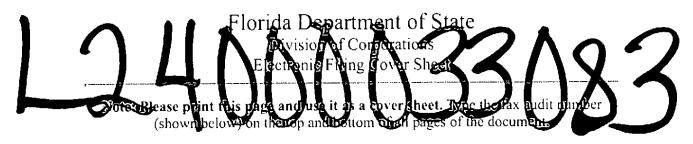
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

ä

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone : (407)370-3686

Fax Number : (407)370-3120

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

Email Address:alan@larsonacc.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACQUA BEACH LLC

Certificate of Status	0
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M. SOLOMON

SEP 18 2024

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

ACQUA BEACH LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	•	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L24000033083</u>	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "LLC" or the	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:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		- 10 t	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	• •	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>		, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of	performance of my duties, and I a rovided for in Chapter 605, F.S. (	nm familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RICARDO CORREIA RIMOLI	7901 KINGSPOINTE PKWY	□Add
		STE 17	■Remove
		ORLANDO. FL 32819	Change
MGR	PRISCILLA MENDES FARIA	7901 KINGSPOINTE PKWY	<b>=</b> Add
		STE 17	□Remove
		ORLANDO, FL 32819	□Change
			□Add
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D. If	amer	nding any other infor	mation, enter ch	ange(s) here: (Attach addit	ional sheets, if necessary.)	
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N	vote:	ve date, if other than enve date is listed, the date If the date inserted in the ent's effective date on th	is block does not m	icet the applicable statutory fill	(optional) more than 90 days after (iling ) Pursua ing requirements, this date will not	nt to 605,0207 t be listed as
	record Lis file		retive date, but not	an effective time/at 12:01 a.m	, on the earlier of: (b) The 90th c	day after the
Đ	ated [	AUGUST 8	,	2024		
			Signature of	or authorized representati	ve of a member	

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Typed or printed name of signee