Division of Corporations 10/22/24, 12:58 AM

L24000061347

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 : INVICTA LIVING LLC
Account Number : I20240000124
Phone : (321)588-2624
Fax Number : (407)605-0236

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1233 AQUILA LOOP LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

Oct · 22, 2024 From: 14076050236 (Invicta Living LLC) To: 18506176383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1233 AQUILA LOOP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA NUNEZ
Name of Person

INVICTA LIVING LLC
Firm/Company

3209 EAGLE WATCH DR
Address

KISSIMMEE, FL 34746
City/State and Zip Code

NUNEZQUIROZMARIA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA NUNEZ at (321) 588-2624
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Oct. 22, 2024

From: 14076050236 (Invicta Living LLC) TO: 18506176333

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2024 OCT 22 PM 12:31

TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1233 AQUILA LOOP 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 10/22/24 and assigned Florida document number L24000061347.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WATERSONG 254-255 LLC

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)

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 name of 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

, Florida

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

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

Title	Name	Address	Type of Action
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change
______	______	______	☐ Add
		______	☐ Remove
		______	☐ Change

Oct 22, 2024 From 14076050236 (Inocto Living LLC) To 15504136383

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

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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 OCTOBER 22ND, 2024.

A. A. Guevara
Signature of a member or authorized representative of a member

ALBERTO A. GUEVARA
Typed or printed name of signer

Filing Fee: $25.00