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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

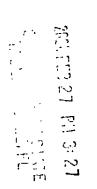
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
alle ir ee	NAQUA LI	LC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
			MAURO SCATTOLINI	
			Name of Person	
			C&M CPA LLC	
			Firm/Company	 _
		1	75 SW 7TH ST STE 1107	
			Address	
			MIAMI, FL 33130	•~3
		-	City/State and Zip Code	
			JLTING@CANDMCPA.COM	
			to be used for future annual report notification	(no
For further in	nformation co	oncerning this matter, please c	all;	
MAU	JRO SCATT	OLINI	305 793-0447	1 1 69
	Name of	f Person		phone Number
Enclosed is a	a check for th	ne following amount:		
≘ \$25.00 I	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)
Re Di	iling Addres gistration S vision of C D. Box 632	Section orporations	Street Address: Registration Section Division of Corpora The Centre of Talla	itions

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAQUA LLC			
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were f Florida document number $\frac{L24000066796}{L24000066796}$.	iled on 02/05/2024	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbi	reviation "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 agent and/or the new registered office address here:	s on our records, <u>enter the name</u>	of the new	registered
Name of New Registered Agent:		· .	<u>) '</u>
New Registered Office Address:	Enter Florida street address	: - : - =	<u> </u>
	, Florida		ر. بــاــــــــــــــــــــــــــــــــــ
Cit	y	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 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>	Type of Action
MGR	GONZALO A. ZOURNADJIAN	175 SW 7TH ST STE 1107	_ ∃ Add
		MIAMI, FL 33130	_ □Remove
			_ □Change
MGR	PEDRO PATRICIO NOBILI	175 SW 7TH ST STE 1107	_ ≣ Add
		MIAMI, FL 33130	_ 🗆 Remove
			□Change
MGR	TOMAS HEINEN	175 SW 7TH ST STE 1107	_ ∃ Add
		MIAMI, FL 33130	_ □Remove
			_ □Change
		<u> </u>	_ C3 _ DAdd
		; - 	_ □ Remove
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			Change

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Filing Fee: \$25.00