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05/07/24--01042--014 \*\*30.00



# **COVER LETTER**

TO: Registration S Division of Cc	Section prporations			
AQUA BI	EST INTERNATIONAL LLC	* • .	, <b>,</b> , , , , , , , , , , , , , , , , ,	÷ ·
	Name of Lan	nited Liability Company	<u></u>	
The enclosed Articles o	f Amendment and fee(s) are sul	unitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	VICTOR PAGAN			
		Name of Person		
	QUALITY FINANCIAL	AND TAX SERVICES LI		
	·	Firm/Company		
	7550 FUTURES DRIVE S	SUITE 206		
		Address		·······
	ORLANDO, FLORIDA 3	2819		
	····	City/State and Zip Code	_ <b>_</b>	
	qualityfinancialtax@gmail			
For further information (	concerning this matter, please e	to be used for future annual r	report notification)	
VICTOR PAGAN			18-1566	
Name (	of Person	at () Area Code	Daytime Telepho	one Number
11. 1 . 11 . 1				
Enclosed is a check for t	-			
S25.00 Filing Fee	S30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy tadditional copy is enclosed		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Ad		
Registration S Division of C			tion Section of Corporatio	nx
			or corporatio	110

P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### AQUA BEST INTERNATIONAL 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 \_\_\_\_\_03/25/2024 \_\_\_\_\_\_ and assigned Florida document number \_\_L24000145190 \_\_\_\_\_\_.

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 "Linnited Liability Company," the assignation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:	N
(Principal office address MUST BE A STREET ADDRESS)	The second se
	in the second se
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<b>28</b>

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	Сцу	, Florida

### 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>	Address	Type of Action
MGR	NELSON CABRAL PAEZ	1424 CARRIAGE OAK CT	Add
		OCOEE, FL 34761	■Remove
			□ Change
MGR	NELSON CABRAL VERAS	1424 CARRIAGE OAK CT	<b>=</b> Add
		OCOEE, FL 34761	L]Remove
			🗠 Change
			🗆 Add
			[]Remove
			🗆 Change
			🗆 Add
			🖾 Change
<del></del>			[] Add
			□Remove
			🗋 Change
		- <u></u>	🗆 Add
			□ Change

• • • •

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

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· · · · · · · · · · · · · · ·	
0.1/10/2023	

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 tiled.

APRIL19	2024	
	$\sum Q $	
Mille	Signatule of a member or authorized representative of a me	ember
NELSON CABRAL	Typed or printed name of signee	