L24000335895

(Requestor's Name)	
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PICK-UP WAIT N	M AIL
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2024 AUG 12 AHII: 45 SECRETARY OF SIME TALLAMASSER, FL

COVER LETTER

* TO: Registration Se Division of Cor			· ·
	. 0110 0	GUAYAQUII. LLC	,
SUBJEÇT:	Name of Lim	ited Liability Company	······································
	Amendment and fee(s) are sub	•	
		ZAPATA, ROBERTO W	
		Name of Person	
	ROBERD	ZAPATA	
		Firm/Company	
	995 DOSTIE CI	RORANGE PARK, FL 32065	55
		Address	SECRETALL.
	ORA	ANGE PARK, FL 32065	27.70
	liliana@delacruztaxes.com	City/State and Zip Code	ication)
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	•
ROBERTO W ZAPATA	1	626 483-2114 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Addres Registration (Street Address: Registration Sec	etion
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0110 GUAYAQUIL LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 07/30/2024	and assigned
lorida document number L24000335895		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
	AQUIL LLC	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		SE!
nter new mailing address, if applicable:		PG E II
Mailing address MAY BE A POST OFFICE BOX)		至 2 ."
		mo = a.d
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our records, <u>ent</u>	ter the name of the new register
Name of New Registered Agent:		······························
New Registered Office Address:		
	Enter Florida street ada	lress
		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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Fective date, if other neffective date is listed ote: If the date insert cument's effective date.	the date must be spe ed in this block do	cific and ca es not mee	nnot be prior to t the applica	date of filing	or more than 90	(optio days after the nents, this	filing.) Pursu	ant to 605.0 of be listed	020 d a:
ecord specifies a dela is filed.	nyed effective date,	but not an	effective tin	ne, at 12:01 a	.m. on the ear	lier of: (b)	The 90th	day after	the
led <u>DU60</u>	ST 8	· .	2024	<u> </u>					
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