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(Address)

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(City/State/Zip/Phone #)

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12/10/24--01021--003 \*\*25.00

FILED  
2024 DEC 10 PM 4:52  
CLERK OF STATE  
TALLAHASSEE, FL

**AQUARESCUE RESTORATION LLC**

**Document Number L24000430115**

6519 Pinecastle Blvd

Orlando FL, 32809

11/27/2024

**Division of Corporations**

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**Request for Update of Incorporation Documents - Change in Ownership Structure**

Dear Sir/Madam,

I am writing to you in my capacity as owner of **AQUARESCUE RESTORATION LLC**, to request an update to our incorporation documents. The current records indicate a multiple-owner structure; however, we would like to amend the documents to reflect that the company now has a single owner.

Enclosed with this request are the relevant supporting documents.

We appreciate your attention to this matter and are happy to provide any additional information required to complete this update.

Sincerely,

Rafael Andrade Martinez

407-575-6558

## COVER LETTER

TO: Registration Section  
Division of Corporations

AQUARESCUE RESTORATION LLC

SUBJECT: \_\_\_\_\_  
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:

RAFAEL ANDRADE MARTINEZ

\_\_\_\_\_  
Name of Person

Rafael Andrade Martinez

\_\_\_\_\_  
Firm/Company

6519 PINECASTLE BLVD

\_\_\_\_\_  
Address

ORLANDO FL 32809

\_\_\_\_\_  
City/State and Zip Code

ckbusinessinc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Andrade Martinez

\_\_\_\_\_  
Name of Person

at ( 407 )

\_\_\_\_\_  
Area Code

575-6556

\_\_\_\_\_  
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

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

AQUARESCUE RESTORATION 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 10/04/2024 and assigned  
Florida document number L24000430115.

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 "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)**

6519 PINECASTLE BLVD

ORLANDO FL 32809

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6519 PINECASTLE BLVD

ORLANDO FL 32809

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TALLAHASSEE, FL

**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:

6519 PINECASTLE BLVD

*Enter Florida street address*

ORLANDO

Florida 32809

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRADE MARTINEZ, RAFAEL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		6519 PINECASTLE BLVD ORLANDO FL 32809	<input checked="" type="checkbox"/> Change
MGR	BRICENO BORGES, OMAR E		<input type="checkbox"/> Add
		3603 SANCTUARY DR SAINT CLOUD FL 34769	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 11/27 2024

Robert Andrade Martinez  
Signature of a member or authorized representative of a member

Rafael Andrade Martinez  
Typed or printed name of signee