

L24000526049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

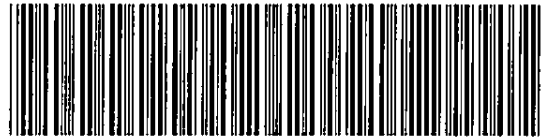
(Document Number)

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LLC Amend

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2025 MAY 22 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FL

2025 MAY 22

Mail 7-14-25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUASTRUCT BUILDERS 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:

STEPHANIE RIVERA ASENCIO

Name of Person

Firm/Company

1001 E BAKER ST STE 400

Address

PLANT CITY, FL 33563

City/State and Zip Code

AP@REBARANDEXCAVATING.COM

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

For further information concerning this matter, please call:

STEPHANIE RIVERA ASENCIO

863

600-6895

at (_____) _____

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

2025 MAY 22 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

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

AQUASTRUCT BUILDERS 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 12/19/2024 and assigned
Florida document number 24000526049.

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)

1001 E BAKER ST STE 400

PLANT CITY, FL 33563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1001 E BAKER ST STE 400

PLANT CITY, FL 33563

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:

STEPHANIE RIVERA ASENCIO

New Registered Office Address:

1001 E BAKER ST STE 400

Enter Florida street address

PLANT CITY

City

Florida 33563

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	ANTONIO ELIZALDE ORTIZ		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANIE RIVERA ASENSIO	180 ROYAL FERN DR	<input checked="" type="checkbox"/> Add
		LAKE ALFRED, FL 33850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE FL

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SECRETARY OF WHITE
TALLAHASSEE FL

2025 MAY 22 PM 1:02

b)

Dated MAY 13, 2025

Acub

ANTONIO ELIZALDE ORTIZ

Filing Fee: \$25.00