

Apr. 13. 2015 1:30PM  
4/13/2015

No. 6871 P. 1

**LOS 000 109562**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000090310 3)))



H150000903103ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
Fax Number : (305)406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

REC-110

15 APR 13 AM 10:00

DIVISIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AGMAN SERVICES, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

RECEIVED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

15 APR 13 AM 10:55

FILED

J. Shivers APR 14 2015

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AGMAN SERVICES 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:

JAMES GONZALEZ

*Name of Person*

AT PLUS CORP.

*Firm/Company*

3650 NW 82ND AVE SUITE 404

*Address*

DORAL, FL 33166

*City/State and Zip Code*

ATPLUS@LIVE.COM

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

For further information concerning this matter, please call:

JAMES GONZALEZ

*Name of Person*

305 4063800

at ( )

*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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AGMAN SERVICES 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 11/14/2005 and assigned Florida document number L05000109562

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 end with 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

15 APR 13 AM 10:05  
FILED  
S

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                      |
|--------------|------------------|---------------------|--|
| MGRM         | MARIETH MANRIQUE | 8224 NW 114TH COURT | <input type="checkbox"/> Add               |
|              |                  | DORAL, FL 33178     | <input checked="" type="checkbox"/> Remove |
|              |                  |                     | <input type="checkbox"/> Add               |
|              |                  |                     | <input type="checkbox"/> Remove            |
|              |                  |                     | <input type="checkbox"/> Add               |
|              |                  |                     | <input type="checkbox"/> Remove            |
|              |                  |                     | <input type="checkbox"/> Add               |
|              |                  |                     | <input type="checkbox"/> Remove            |
|              |                  |                     | <input type="checkbox"/> Add               |
|              |                  |                     | <input type="checkbox"/> Remove            |
|              |                  |                     | <input type="checkbox"/> Add               |
|              |                  |                     | <input type="checkbox"/> Remove            |

5 APR 13 AM 10:55  
 RECEIVED  
 2015

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

---



---



---



---

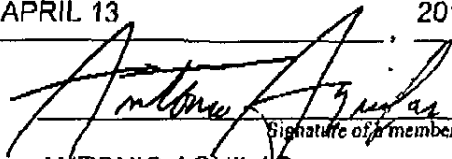


---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 13, 2015



Signature of a member or authorized representative of a member

ANTONIO AGUILAR

Typed or printed name of signee

15 APR 13 AM 10:06  
 STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA