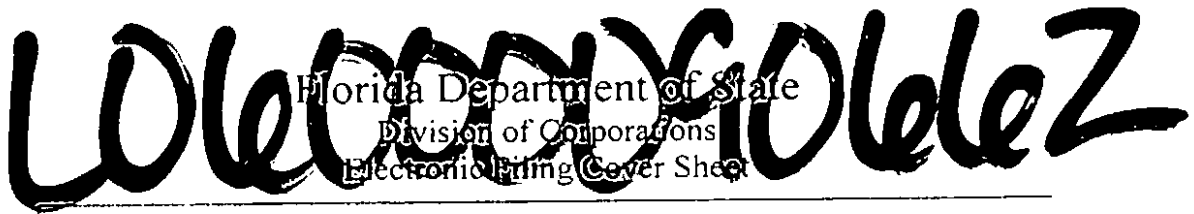


Division of Corporations

Page 1 of 1



**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.

((H18000259033 3))



H18000259033ABC-

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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

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

RECEIVED  
 2018 SEP -5 PM 12:35

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AGA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP - 6 2018

S. PRATHER

18 SEP 5 11 5 AM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

AGA 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 09/14/2006 and assigned Florida document number L06000090662

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:

19111 COLLINS AVE #706

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

19111 COLLINS AVE #706

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH, FL 33160

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:

ARIE GENGER

New Registered Office Address:

19111 COLLINS AVE #706

Enter Florida street address

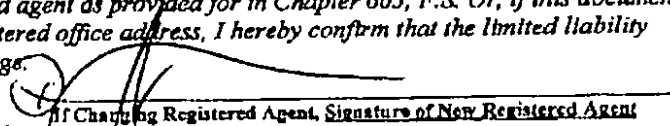
SUNNY ISLES BEACH, Florida 33160

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 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**

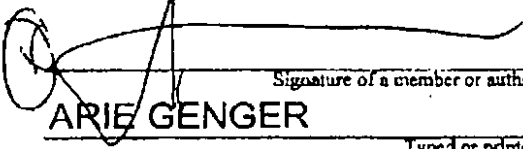
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

**THE AUTHORIZED MEMBER'S ADDRESS IS TO BE  
CHANGED TO THE FOLLOWING  
19111 COLLINS AVE #706 SUNNY ISLES BEACH, FL 33160**

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 AUGUST 30, 2018



Signature of a member or authorized representative of a member

**ARIE GENGER**

Type: or printed name of signee

18 SEP -5 PM 9 46