

L10000019902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

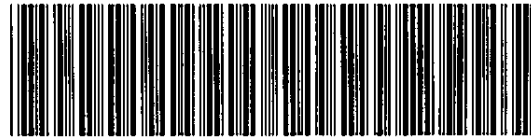
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261530908

800261530908
06/23/14--01056--002 **25.00

FILED
2014 JUN 23 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 25 2014

J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGLI1 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:

ANTONIO AGLIONE

Name of Person

AGLI1 LLC

Firm/Company

2055 BLOUNT ROAD

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

SUPERIOR8070@AOL.COM

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

For further information concerning this matter, please call:

ANTONIO AGLIONE

Name of Person

at **954 978-9999**

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

STATE OF FLORIDA
TALLAHASSEE

2014 JUN 23 PM 2:41

FILED

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

AGLI1 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 02/22/2010 and assigned Florida document number L10000019902.

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

2014 JUN 23 PM 2:41
FILED
STATE OF FLORIDA
TALLAHASSEE

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>
MGR	JULIE 2055 LLC	2055 BLOUNT ROAD	<input type="checkbox"/> Add
		POMPANO BEACH,	<input checked="" type="checkbox"/> Remove
		FL 33069	
MGR	ALLIED INVESTMENTS LLC	1501 NW 48TH LANE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33431	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JUN 23 PM 2:41
 DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA

FILED

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 JUNE 10, 2014



Signature of a member or authorized representative of a member

ANTONIO AGLIONE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE FLORIDA

2014 JUN 23 PM 2:41

FILED