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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Se Division of Cor				
erno i		NVESTMENTS, LLC			
SODI	JECT:	Name of Limit	ed Liability Company		
		Amendment and fee(s) are subn	•		
Please	e return all correspo	ndence concerning this matter to	o the following:		
		MAURYS SARDINAS			
		•	Name of Person		
		AG-MIM INVESTMENTS	, LLC		
			Firm/Company		
		5920 SW 113 CT			
			Address		
		MIAMI, FL 33173			
			City/State and Zip Code		
		LADA1000@MSN.COM	be used for future annual report notific	eation)	
For fu	erther information co	oncerning this matter, please cal	•		
	A. D'AGOSTINO	<i>5</i> ,,	305 609-1254		
Name of Person at () Area Code Daytime Telephone Number					
Enclo	sed is a check for th	e following amount:			
<b>■</b> \$2	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

(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on o d Liability Company)	ur records.)	
The Articles of Organization for this Limited I Florida document number L15000127772	Liability Compan	y were filed on $\frac{07/27/20}{}$	15	and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icable:	5920 SW 113 CT, MI.	AMI, FL 33173	SEC ALL
(Principal office address MUST BE A STRE	ET ADDRESS)			E ARE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	5920 SW 113 CT, ML	AMI, FL 33173	SEE, FLORIDA
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>ere</u> :	records, enter 1	he name of the new
New Registered Office Address:	5920 SW 113	СТ		
New Registered Office Additions.	·	Enter Florida str	eet address	
	MIAMI		, Florida <sup>331</sup>	73
	<del></del>	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>	Name	<u>Address</u>	Type of Action
AMBR	ROGELIO SARDINAS	20300 SW 152 STREET	Add
		MIAMI, FL 33187	■ Remove
			Change
AMBR	MAURYS SARDINA	5920 SW 113 CT	<b>■</b> Add
		MIAMI, FL 33173	Remove
		☐ Change	
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Filing Fee: \$25.00