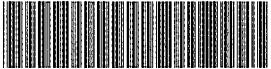
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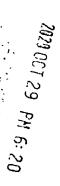
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DEC 0 7 2020
S. YOUNG





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COVER LETTER

SUBJECT:	AGD Magne	ets and Gifts LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Tanisha Sicardo		
			Name of Person	
		AGD Magnets and Gifts Ll	LC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
5770 W.Irlo Bronson Memorial HWY Suite169				
Address				
		Kissimmee, FL 34746		
			City/State and Zip Code	
		agdmagnets@yahoo.com		
		E-mail address: (i	to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Tanisha Sica	ardo		863 60293338	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
☐ \$25.00 I	Filing Fee	S30.00 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:

TÖ:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4:

AGD Magnets and Gifts LLC		8 1
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	29 C
The Articles of Organization for this Limited Liability	y Company were filed on 10/01/2020	and assigned
Florida document number L20000307641	· · · · · · · · · · · · · · · · · · ·	5: 20
This amendment is submitted to amend the following		
Articles of Organization for this Limited Liability Company were filed on and assigned adocument number L20000307641 If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company, "the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: Incipal office address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent:		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City.	rap 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 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 aqueu or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gaspar Davila	5770 W. Irlo Bronson Memorial ste 169. Kiss. FL3476	51 ≡ Add
			_ □Remove
			_ □Change
			_ □Add
			_ = Remove
			_
			□ Add
			🗆 Remove
			_ □Change
			⊡Add
			□Remove
			_ Change
			□ Add
			□Remove
			_ □Change
			□ Add
			_ □Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
(If an ef Note:	ive date, if other than the date of filing: [10/27/2020] (optional) (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	10/27/2020
	/ - /.
	Fignature of a member or authorized representative of a member
	Tanisha Sicardo
	Typed or printed name of signee

Filing Fee: \$25.00