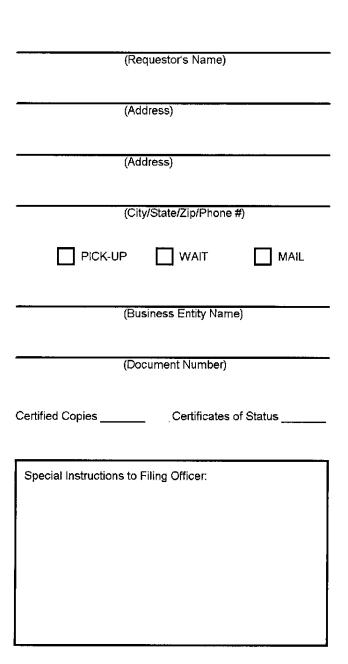
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B. BOSTICK OCT **21** 2011

**FXAMINER** 

## **COVER LETTER**

Division of Co	orporations			
SUBJECT:	A.G. PLACE I	NVESTMENTS LL	С	
SCHOLET.		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		ELENA MONIZ		
		Name of Person		
		ELENA MONIZ PA	<del></del>	
		Firm/Company		
	183	331 PINES BLVD #149	)	
		Address		
	PEMI	BROKE PINES FL 330	29	
		City/State and Zip Code		
moniz2807@hotmail.com  E-mail address: (to be used for future annual report notification)				- Andrews Andrews
For further information	concerning this matter, please c	·	t nouncation)	20 m 10: 42
El	ENA MONIZ	at ( 754 )	422-3722	umber Opt 2
Name	of Person	Area Code & D	Paytime Telephone N	umber Orn 10
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 end	Cer closed) Cer	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)

#### MAILING ADDRESS:

TO:

Registration Section

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

A.G. PLACE INVESTMENTS LLC

( <u>Name of the Limited L</u> (A F	iability Compar Iorida Limited L	ny as it now appear iability Company)	rs on our records.)	
The Articles of Organization for this Limited Lial	bility Company	were filed on	05/12/2005	and assigned
Florida document numberL050000474	30			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company her	<u>re</u> :	
	N/A			
The new name must be distinguishable and end with 'L.L.C."	the words "Limit	ted Liability Compa	ny," the designation "l	LLC" or the abbreviat
Enter new principal offices address, if applicat	N/A	e de la companya de l		
Principal office address MUST BE A STREET			4 3	
				3 31
			, (, 	30
Enter new mailing address, if applicable:	N/A		77	
Mailing address MAY BE A POST OFFICE Bo	•			
				<b>温計</b> 5
3. If amending the registered agent and/or registered agent and/or the new registered office	Ų		our records, <u>enter t</u>	the name of the r
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	r		
		En	ter Florida street ada	ress
		, Florida		7:- C - 1-
		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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> Address Type of Action **MGRM DUBRASKA GONCALVES** ✓ Add 10749 NW 70th Ln Miami. FL 33 170 Remove **MGRM** ABEL D GONCALVES 10749 NW 70th Ln √ Add Miami, FL 33(178\_ Remove □ Add Remove ■Add Remove  $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Listing of Members and Participation: Maribel Duarte de Goncalves: Ninety five percent participation (95%) Dubraska Goncalves: Two and half percent participation (2.5%) Abel D Goncalves: Two and half percent participation (2.5%) October 15 2011 Dated Signature of a member or authorized representative of a member Maribel Duarte de Goncalves Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00