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09/11/23--01009--024 **25.00



COVER LETTER

TO:	Registration S Division of Co					
CHID IE	AGSCIEN	ICE CONSULTING LLC				
SUBJEC	SUBJECT: Name of Limited Liability Company					
The encl	osed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
		ondence concerning this matter	-			
		FABIANA AHUMADA				
			Name of Person			
		AGSCIENCE CONSULT	TNG LLC			
			Firm/Company			
		313 NE 2nd St Apt 605		202. SE		
			Address	ORI CRI		
		FORT LAUDERDALE, I	ፒ , 33301			
			City/State and Zip Code	 한국 성공 호		
		fabita4@gmail.com		第二章 第二章		
		E-mail address:	(to be used for future annual report notification)	Web D		
For furth	er information	concerning this matter, please of	all:	Tim oo		
FABIAN	NA AHUMADA	4	520 954-9437			
	Name	of Person	Area Code Daytime Telepho	ne Number		
Enclosed	l is a check for t	the following amount:				
■ \$2 5.	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 Addre		Street Address:			
	Registration Division of (Registration Section Division of Corporation	ne		
	P.O. Box 632		The Centre of Tallahas			
	Tallahassee.		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGSCIENCE CONSULTING LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records da Limited Liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability	and assigned	
Florida document number L17000003394	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	~
		023 3F.C
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
		- The same
		72 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new registered
agent and of the new registered office address never	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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>	<u>Name</u>	Address	Type of Action
AMBR	ESTEBAN TEMPORINI	313 NE 2nd St Apt 605, Fort Lauderdale, FL, 33301	l ⊟Add
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Effective date, if other than the date	e of filing:	5/2023	(optional)	
If an effective date is listed, the date must be s Note: If the date inserted in this block of	loes not meet the	applicable statutor	ng or more than 90 days y filing requirements	after filing.) Pursuant to 60 is, this date will not be lis	05.0207 sted as
document's effective date on the Depart	ment of State's re	ecords.			
e record specifies a delayed effective dat rd is filed.	e, but not an effe	ctive time, at 12:01	a.m. on the earlier o	of: (b) The 90th day aft	ter the
September 6th	2023				
Daled	71'	A .			
		\mathcal{W}	ntative of a member		

Filing Fee: \$25.00

Typed or printed name of signee