Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA

Account Number : I20120000072

Phone : (305)895-5815

Fax Number : (305)895-6273

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

| mail | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AG GROUP INVESTMENTS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

DSCOTT

MAY 10 2019

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AG GROUP INVESTMENTS LLC | |
|--|---|
| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp | nopears on our records.) pany) |
| The Articles of Organization for this Limited Liability Company were filed of Florida document number L03000043314 | on 11/07/2003 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compa | ny here: |
| The new name must be distinguishable and contain 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) | |
| | 92 a 11 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | - L |
| | |
| B. If amending the registered agent and/or registered office address here: | ss on our records, enter the name of the ne |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Ent | er Florida street address |
| City | , Florida 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 |
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| ective date, if other than t | he date of filing: | (optional) | D |
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| cuttent's effective date on the | Department of State's records. | | |
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| - Carrier | Signature of a member or authorized repres- | entative of a member | |

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Filing Fee: \$25.00