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SECRETARY OF STATE

J. BRYAN

JUN 15 2010

EXAMINER

COVER LETTER

AGATHA-CHRISTY REALTY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINA M. CASERTA Name of Person AGATHA-CHRISTY REALTY, LLC Firm/Company 1170 N.W. 166 AVE. Address PEMBROKE PINES, FLORIDA 33028 City/State and Zip Code CHRISTINACASERTA@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHRISTINA M. CASERTA 436-4271 at (954) Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & **7\$**60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO

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**

AGA	HA-CHRISTY HEALTY	,LLC	
(<u>Name of the Limited</u>	I Liability Company as it now appe A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited L Florida document numberLO400003		APRIL 13, 2004	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company h	<u>ere</u> :	OWALL PAY
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation "LL	
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered office address on	our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	CHRISTINA M. CASERTA	4	
New Registered Office Address:		inter Florida street addre	255
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing l	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** ANTHONY D. CASERTA 1170 N.W. 166 AVE ☐ Add Remove PEMBROKE, PINES, FLORIDA 33028 MGRM CHRISTINA M. CASERTA 1170 N.W. 166 AVE. ✓ Add PEMBROKE PINES, FLORIDA 33028 ☐ 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.) June 9 2010 Dated ___ Signature of a member or authorized representative of a member CHRISTINA M. CASERTA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00