## L04000042229

Devayre Nelson
Delbayre Nelson (Requestor's Name)  493 Jana Rane
(Address)
(Address)  Many Park 7/3207  (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAHASSEE FLORIDA

AGORA TA (Name of the Limited (A	TTOO STUDIO LLC  Liability Company as it now appears on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on 06/04/2004 and assigned
Florida document number <u>LO40000</u> 4	12229.
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
AGORA ENTER	PRISES LLC
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	MELSON, BONNY
New Registered Office Address:	493 TARA LN.
	(Enter Florida street address)
	ORANGE PAIRIL Florida 32073
	(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>Address</u> **Type of Action** <u>Name</u> MGRM NEWSON, DWAYNE Remove Add Remove Add Remove  $\square$ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member DWAYVE Welson
Typed or printed name of signee

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Filing Fee: \$25.00