# 1000031666

	(A)
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

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DEC 1.3 2010

**EXAMINER** 

Office Use Only



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SECREMIES OF STATE

## **COVER LETTER**

FO:	Registration Section Division of Corporations	*	, <b>u</b>	·
SUBJI	ECT:	AGS Eng	gineering LLC	
		Name of Limite	d Liability Company	
The en	closed Articles of Amendment	and fee(s) are subm	nitted for filing.	
Please	return all correspondence con	cerning this matter to	o the following:	
	<del></del>		Saken Smailov	<del></del>
			Name of Person	
	<u> </u>		Firm/Company	<del>,</del>
		243	B Largo Cay Ct. #203 Address	
		ı	Ocoee, FL 34761	
			City/State and Zip Code	
	·	SS E-mail address: (to	mailov@gmail.com be used for future annual report notif	ication)
For fur	ther information concerning th	is matter, please cal	11:	
Saken Smailov Name of Person		lov	at ( 407 ) Area Code & Daytim	580-9388 e Telephone Number
Enclos	ed is a check for the following	amount:		
	5.00 Filing Fee  \$30.00	Filing Fee & fficate 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 ADDRESS:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company  Florida document number	were filed onApril 9th, 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
AGS Trade & The new name must be distinguishable and end with the words "Limit" L.L.C."	
Enter new principal offices address, if applicable:	243 Largo Cay Ct. #203
(Principal office address MUST BE A STREET ADDRESS)	Ocoee, FL 34761
Enter new mailing address, if applicable:	243 Largo Cay Ct. #203
(Mailing address MAY BE A POST OFFICE BOX)	Ocoee, FL 34761
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Projectional Agents	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida 💆 ယ 💯
	City ₹\(\begin{align*} \begin{align*} align

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.

New Registered Agent's Signature, if changing Registered Agent:

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
Title .	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
<del></del>	·		Add Remove
			□Add □Remove 
			Add Remove
D. If ame	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
<del>-</del>			
- Doto-l	Docombor 6th	2010	_
Dated	December 6th ,,	2010 .	
	Signature of a mem	ber or authorized representative of a member	
	Tvp	Saken Smailov ped or printed name of signee	

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Filing Fee: \$25.00