

L07000/25843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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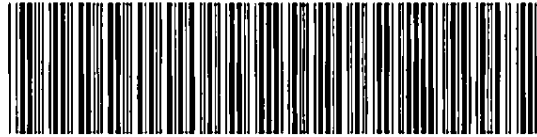
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLIANCE TECHNOLOGY GROUP LLC  
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:

JUAN ARANGO

Name of Person

AGIL ELECTRIC LLC

Firm/Company

2589 CENTERGATE DR APT 201

Address

MIRAMAR, FL 33025

City/State and Zip Code

MANAGER@AGILSOLUTIONSLLC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN ARANGO

786

224-9398

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALLIANCE TECHNOLOGY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/20/2007 and assigned  
Florida document number L07000125843.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

AGIL ELECTRIC LLC

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)**

2589 CENTERGATE DR

APT 201

MIRAMAR, FL 33025

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2589 CENTERGATE DR

APT 201

MIRAMAR, FL 33025

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: JUAN ARANGO

New Registered Office Address: 2589 CENTERGATE DR., APT 201

*Enter Florida street address*

MIRAMAR, Florida 33025  
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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ARDILA, LUZ A	14310 NW 11 ST.	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ACOSTA, CARLOS ARMANDO,	14310 NW 11 ST	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ARANGO, JUAN	2589 CENTER GATE DR	<input checked="" type="checkbox"/> Add
		APT 201	<input type="checkbox"/> Remove
		MIRAMAR, FL 33025	<input type="checkbox"/> Change
MGRM	AGIL SOLUTIONS LLC	2589 CENTERGATE DR	<input checked="" type="checkbox"/> Add
		APT 201	<input type="checkbox"/> Remove
		MIRAMAR, FL 33025	<input type="checkbox"/> Change
AMBR	TORRES, JULIO	521 NW 86TH AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGE COMPANY NAME

ARDILLA, LUZ A IS LEAVING THE COMPANY

ACOSTA, CARLOS ARMANDO IS LEAVING THE COMPANY

ARANGO, JUAN IS THE NEW REGISTER AGENT

ARANGO, JUAN IS THE NEW MGRM OF THE COMPANY

AGIL SOLUTIONS LLC IS A NEW MGRM OF THE COMPANY

TORRES, JULIO IS THE NEW AMBR OF THE COMPANY

**E. Effective date, if other than the date of filing:** 01/15/2025 **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

01-15-2025

Signature of a member or authorized representative of a member

Juan Mauricio Arango H.  
Typed or printed name of signer

SECRETARY OF STATE  
MAIL ROOM  
01/15/2025

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