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D. SCOTT JUN 1 6 2017

COVER LETTER

TO: Registration S Division of Co		
, AGAPE I	PELLC	
SUBJECT:		
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	RICHARD VAN ZYL	
	Name of Person	
	REMAX CROWN REALTY	
	Firm/Company	
	1603 US HWY I	
	Address	
	SEBASTIAN, FL 32958	
	City/State and Zip Code	N - + 2.
	RICHARDVANZYL@REMAX.NET	7.0
	E-mail address: (to be used for future annual report notification)	5萬 宣 四
For further information	concerning this matter, please call:	
RICHARD VAN ZYL	772 538-0276 at ()	FILE D
Name	of Person Area Code Daytime Telephon	e Number 20
Enclosed is a check for t	the following amount:	-
■ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	660.00 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

AGAPE RE LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 26-1628661			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
RICHARD VAN ZYL LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1603 US HWY 1		
(Principal office address MUST BE A STREET ADDRESS)	SEBASTIAN		
	FL 32958		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	-1.0		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:	75.0		
New Registered Office Address:	पूर्वि २०		
	Enter Florida street address		
	, Florida		
	City Zin 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>Name</u> Title **Address Type of Action** □ Add □ Remove _□ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove □ Change □ Add 72.3 Remove Kemove OUN 18 All 9 20 Remove _□ Change _□ Add _□ Remove

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Iffoative d	ate, if other than the date	of filing:		(ontional) Pursuant to 605.0207 (
f an effective	date is listed, the date must be sp	pecific and cannot be prior	r to date of filing or mo	ore than 90 days after filing	
document's	date inserted in this block defective date on the Department	ment of State's records	iable statutory ming	requirements, this date	
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_	Signs	ature of a member or auth	orized representative	of a member	
	RICHARD VAN ZYL		\ ///		

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Filing Fee: \$25.00