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SECRETARY OF STATE ALLIANS SEE, FLORIDA

EFFECTIVE DATE

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COVER LETTER

| то: | Registration Secti Division of Corpo | | | | |
|-----------|---|--|---|--|-------------|
| SUBJE | ст: | 16FN 2008 Name of Limit | ed Liability Company | | , |
| The enc | losed Articles of An | nendment and fee(s) are subm | nitted for filing. | | |
| Please re | eturn all correspond | ence concerning this matter to | the following: | | |
| | | An | a Marici Nune Name of Person | 2 | |
| | | AE | Firm/Company | <u>-C</u> | TALLAHASSET |
| | | <u> 4415</u> | NW 104 Part | <u>n</u> | 2 T. T. |
| | | Miar | ni FL 33175 City/State and Zip Code | ζ | रं. शु |
| | | E-mail address: (to | SERV @ CLTT. 1 be used for future annual report notific | net | |
| For furt | her information con- | cerning this matter, please cal | ll: | | |
| | Gevon's Name of P | mo Felizole | | Telephone Number | |
| Enclose | d 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AGFN | 2008, LLC |
|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) lability Company) |
| The Articles of Organization for this Limited Liability Company | were filed on 100708 and assigned |
| Florida document number <u>L0800094911</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "FLC" |
| Enter new principal offices address, if applicable: | 6415 NW 104 Path 5 |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, F1 33178 2 27 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4415 NW 104 Parms = Wiami, FL 33178 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | mgelica Gomez |
| New Registered Office Address: 92 | 9 SW 122 AVE Enter Florida street address |
| | Liami, Florida 33184 |
| 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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| (If an effect Note: If | tive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it's effective date on the Department of State's records. | 07 (3)(t as the |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier | of: |
| he recoi The 9 | 10th day after the record is filed. | |
| The 9 | | |
| he recor The 9 Dated | | |

Page 3 of 3

Filing Fee: \$25.00