# 10800114220

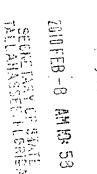
(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100166078211

02/08/10--01010--015 \*\*25.00



T. CLINE

FEB - 9 2010

**EXAMINER** 

# **COVER LETTER**

Division of Corp	orations		•			
SUBJECT:	JAG ON-LINE	MARKETING	G LLC			
SUBJECT:		ed Liability Compan				
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.				
;		•	,		,	
Please return all correspon	dence concerning this matter t	to the following:	•			
	,		.:		•	
	JORG	GE L'MATOS-N	EGRON	• •		
•		Name of Person				
	JAG OI	N-LINE MARKE	TING LLC			•
• • • •		Firm/Company		· · · · · · · · · · · · · · · · · · ·	• •	
• • • • • •		•		•		•
	127	KNOTTS LANE	APT. A			
	,	Address	•		一下 四 当	
	· 	COMMANDE EL 2	4749			E CHRY # 15
	N	SSIMMEE FL 3 City/State and Zip Co		·		e procession
	loran			٠.	85.5	i Large Ma
	E-mail address: (to	eluismatos@gma be used for future ann	ual report notification	on)		1 1 to 26
For further information coa	ncerning this matter, please ca	ıli:			三点 罗	A , ""
					19 55 19 55	
	MATOS-NEGRON	at (_407_)_		2-1772		
Name of I	Person	Area (	Code & Daytime Te	lephone Number	•	
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Cop (additional co		Certified	te of Status &	

### **MAILING ADDRESS:**

TO:

Registration Section

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

JAG ON-LINE MA (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea	LC ers on our records.	<del></del>		
(A Fronta Dillica L	sidonity Company)		•		
The Articles of Organization for this Limited Liability Company	12/16/2008	and assigned			
Florida document numberL08000114220					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	re:			
AGILE ARCHITEC	T SUPPLY LL	C			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	eany," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:		•	· .		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	· · · · · · · · · · · · · · · · · · ·	700		
		•	The same of the sa		
Enter new mailing address, if applicable:	· .	•	1 CO 1		
(Mailing address MAY BE A POST OFFICE BOX)					
			<b>5</b>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the new		
			•		
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	•				
	Enter Florida street address				
	Florida				
	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 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 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 <u>Title</u> Name <u>Address</u> **Type of Action** ☐ Add Remove Add . Remove ☐ 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 JORGE L MATOS-NEGRON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00