

L 0 9 000012046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

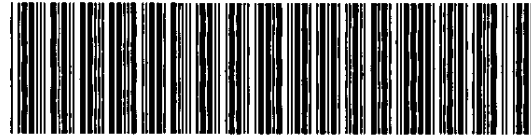
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2014

S. CAPRI EDWARDS  
1100 KINGS RD #41645  
JACKSONVILLE, FL 32203

SUBJECT: AGC TRANSPORT & SERVICES, LLC D/B/A/ AGC WHOLESALE &  
AGC FINANCIALS LLC  
Ref. Number: L09000012046

We have received your document for AGC TRANSPORT & SERVICES, LLC D/B/A/ AGC WHOLESALE & AGC FINANCIALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 814A00005686

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **AGC Transport & Services 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:

**S. Capri Edwards**

Name of Person

**AGC Transport & Services LLC**

Firm/Company

**1100 Kings Road #41645**

Address

**Jacksonville, FL 32203**

City/State and Zip Code

**agctransport@gmail.com**

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

For further information concerning this matter, please call:

**S. Capri Edwards**

Name of Person

at ( **256** ) **346-5960**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**AGC Transport & Services 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 2/1/2009 and assigned  
Florida document number L09000012046.

This amendment is submitted to amend the following:

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

AGC Worldwide LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1100 Kings Road Unit 41645

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, FL 32203

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

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

**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:

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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

☐ Add

☐ Remove

☐ Add

☐ Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 23, 2014.

S. Capri Edwards  
Signature of a member or authorized representative of a member

S. Capri Edwards

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 JUN - 1 PM 2:18  
CLERK OF COURT  
JUL 1 2014