10900053102

(R	requestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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COVER LETTER

TO:

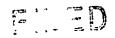
Registration Section

Div	ision of Cor	porations		
CUD IDAT.		TY SERVICES, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Armando I Gonzalez		
			Name of Person	·
		7323 RIPLEY COURT	Firm/Company	
		ORLANDO, FL 32836	Address	
		ARMANDO@MYAIGHOME	City/State and Zip Code	
For further in	nformation c	E-mail address: (to be used for future annual report not	ification)
Armando G			407 346-6229	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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



AIG REALTY SERVICES, LLC

2019 HAY 28 PH 12: 34

The Articles of Organization for this Limited Liability Company were filed on $\stackrel{06/01/2009}{-}$ and assigned Florida document number __L09000053102 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AG REALTY SERVICES, 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) 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 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>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
		Remove	
			☐ Change
			☐ Remove

			☐ Remove
			Change

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Trunk	MAY 23 2019 ·
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	MAY 23
	Signature of a plenther or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00