

L09000093665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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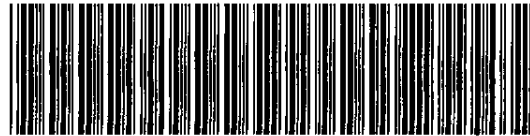
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 11 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFIRE Associates 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:

William J. Wedge, Esq.

Name of Person

Wedge Associates LLC

Firm/Company

Lake Wellington Prof Cntr, 12230 Forest Hill Blvd

Address

Wellington, FL 33414 /

City/State and Zip Code

wjwedge@att.net

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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

For further information concerning this matter, please call:

William J. Wedge, Esq.

Name of Person

at (561)

227-1555

Area Code & Daytime Telephone Number

Enclosed 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**

SFIRE Associates 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 9/29/2009 and assigned
Florida document number L09000093665.

This amendment is submitted to amend the following:

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

AG Exempt Experts 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:

(Principal office address MUST BE A STREET ADDRESS)

Lake Wellington Prof. Centre

12230 Forest Hill Blvd. Suite 200

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Lake Wellington Prof. Centre

12230 Forest Hill Blvd. Suite 200

Wellington, FL 33414

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:

William J. Wedge, Esq.

New Registered Office Address:

12230 Forest Hill Blvd. Suite 200

Enter Florida street address

Wellington

City

Florida

33414

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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:

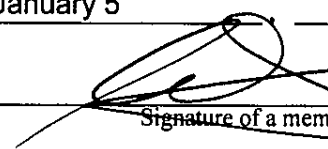
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William J. Wedge	4429 Palm Breeze Trail Wellington, FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	William J. Wedge, Esq.	Lake Wellington Prof. Centre 12230 Forest Hill Blvd Suite 200 Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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11 JAN 10 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated January 5 2011



Signature of a member or authorized representative of a member
William J. Wedge, Esq.

Typed or printed name of signee