21000	0019274
(Requestor's Name) (Address) (Address)	100209666191
(City/State/Zip/Phone #)	07/11/1101825007 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing	FILED 2011 JUL 11 PH \$ 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA
JUL 12 2011 EXAMINER	RIDA

Office Use Only

COVER LETTER

TO: `	Registration Section
	Division of Corporations

i.

AGENSEO, LLC Name of Limited Liability Company SUBJECT: ____

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES DALEAU	
Name of Person	
AGENSEO LLC	
Firm/Company	7. 2
1674, ALTON RD, SUITE 200	F SECRET
Address	
MIAMI BEACH, FL 33-139	SEE
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	TATE ORIDA
ion concerning this motion alonge calls	

For further information concerning this matter, please call:

Charles Daleau Name of Person at (<u>954)</u> 348 11 99 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 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 A TO ARTICLES OF OF OF	RGANIZATION	
AGENSEO, LI	-C	745 71
(Name of the Limited Liability Compan (A Florida Limited Liability Company)		T salar
The Articles of Organization for this Limited Liability Company v Florida document number $_10000919274$.	vere filed on <u>62 119 / 2010</u>	
This amendment is submitted to amend the following:		STATE LORIDA
A. If amending name, enter the new name of the limited liabil	ity company here:	Ľ
The new name must be distinguishable and end with the words "Limite"	ed Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	AGENSED LL	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	SUITE 200 - 167 FL 33 139 DIA	•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	l durana
		u1 ess
	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>ه</u> ب آه

,

<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add Remove
	_			Add Remove
		/		Add 2
				The Add The Ad
				Add
D. If a	mending any other	information, enter (change(s) here: (Attach additional s	heets, if necessary.)
Dated _	06/29/11	t	le	
		CHARLES	nember or authorized representative of a <u>DALEAU</u> Typed or printed name of signee	
			Page 2 of 2	

2.

Si	gnature	of a m	ember	or auth	orized	representative	ofar	nember
.								

J	DATEHN	
	Typed or printed name of signee	



Filing Fee: \$25.00