

L100000025837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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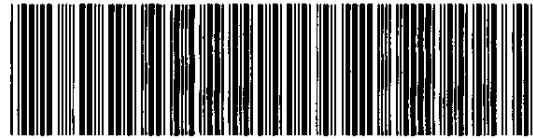
Special Instructions to Filing Officer:

A. LUNT

JUL - 6 2010

EXAMINER

Office Use Only



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07/02/10--01017--003 **25.00

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RETURNED CHECK

FILED
JUL 2 2010
CLERK OF COURT
HALL COUNTY, FLORIDA

2010 JUL -2 PM 2:33

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A,G,G FLEET 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:

ALICE L. SIMPSON
Name of Person

A,G,G FLEET LLC
Firm/Company

4333 U.S. HIGHWAY 1
Address

VERO BEACH, FL
City/State and Zip Code

alicefortpierce@aol.com
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ALICE L. SIMPSON at (772) 528-7860
Name of Person 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**

FILING CANCELLED
RETURNED CHECK

A,G,G FLEET 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 03/08/2010 and assigned
Florida document number 110000025837.

This amendment is submitted to amend the following:

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

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)

4333 US HIGHWAY 1

VERO BEACH, FL 32967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4333 US HIGHWAY 1

VERO BEACH, FL 32967

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:

N/A

New Registered Office Address:

4333 US HIGHWAY 1

Enter Florida street address

VERO BEACH

City

, Florida

32967

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

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>
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MGRM	GREGORY L SIMPSON <i>SL</i>	105 GOTHAM DR FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	GREGORY L. SIMPSON <i>SL</i>	2719 PORTCHESTER CT KISSIMME, FL 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated _____

Alice L. Simpson

Signature of a member or authorized representative of a member

Alice L. Simpson

Typed or printed name of signee

FILED
JUL 3 2019
PM 2:33
CLERK OF COURT
HALL COUNTY, FLORIDA