

Office Use Only

G. MCLEOD

JUL 21 2010

EXAMINER



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SECREPARY OF STATE
TALLAHASSEE, FLORID

## **COVER LETTER**

TO: . Registration Section

Division of	Corporations		÷	
SUBJECT:	НА	AGOP LLC		
	Name of Lim	ited Liability Company		
• *		,		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
* <u>.</u> ,	G	REGORIO HANIMIAN		
e ignore		Name of Person		
-				
,		Firm/Company		
· · · · ·	·····	15522 SW 112 TERR		
		Address	,	
<u></u>		MIAMI, FL 33196		
		City/State and Zip Code		
	E-mail address:	to be used for future annual report n	otification)	
For further information	on concerning this matter, please	•	,	
i or ratalor miorman	m concerning and matter, prease	can.		
	GORIO HANIMIAN	at (_786_)	295-4009	
Nan	ne of Person	Area Code & Day	time Telephone Number	
Enclosed is a check for	or the following amount:		•	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo		Status &
Reg Div P.O	ision of Corporations Box 6327 Bahassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HAGOP LLC				
(Name of the Limited Liabili (A Florida	ty Company as it now appear. Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	July 13, 2010	and assigned		
Florida document numberL10000073385					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company he	ere:			
	AGOP LLC				
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation "	LLC" or the abbrevia	tion	
Enter new principal offices address, if applicable:			10 FALL	_	
(Principal office address MUST BE A STREET ADD	RESS)			**************************************	
			25	*** ***	
	·	•		<b>"</b>	
Enter new mailing address, if applicable:				<b>"</b> )	
(Mailing address MAY BE A POST OFFICE BOX)			\$ <b></b>	_	
			)	_	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on dress here:	our records, enter	the name of the r	<u>iew</u>	
Name of New Registered Agent:				_	
New Registered Office Address:				_	
•	Ei	nter Florida street add	tress		
	A:	, 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 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 Manaoing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action Address Title Name Add Remove DAdd Remove Ramove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized repre centative of a member GRESORIO HANIMIAN Typed or printed name of signee

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Filing Fee: \$25.00