## L11000028296

(R	Requestor's Name)	
Α)	ddress)	
(A	ddress)	
(0	city/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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\$608ETARY OF STATE

FALLAHASSEE, FLORIDA

C. LEWIS

MAY 2 0 2013

EXAMINER

## **COVER LETTER**

	Registration Se Divișion of Cor		<u></u>	<b>₩</b> ;
	7 *			يه ادر
SUBJEC	T: AG MAN	UFACTURING, LLC		
***	· · · · · · · · · · · · · · · · · · ·	Name of Limit	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		C****		
		Grace E. Duffy	Name of Person	
		AG Manufacturing, L	· · · · · · · · · · · · · · · · · · ·	
			Firm/Company	
		2690 NE 200th Aven	ue	
			Address	
		Williston, FL 32696		
			City/State and Zip Code	
		agmanufacturinglic@	gmail.com	
		E-mail address: (t	o be used for future annual report notificat	ion)
For furthe	er information c	oncerning this matter, please c	all:	
Grace I	Duffy		at (352 )528-2161	
	Name o	f Person	Area Code & Daytime To	elephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00	0 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

FILED

AG MANOFACTORING, LLC			13 MAY	17 PM 1: 22
(Name of the Limited Liabi	lity Company	is it now appears on	our records.)	5 - 60 0 T & BC
(A FIORC	da Limited Liab	inty Company)	เลือบผู้ชื่อ เลือ ชาติสาร ค.ศ. ค.ศ.	er of Staje Ssee, Florida
The Articles of Organization for this Limited Liability	. Compony	ma filed on March 8		and assigned
	у Сопфану we	ate med on the state	-,	and assigned
Florida document number L11000028296	<del></del> -			
This amendment is submitted to amend the following	<b>y</b> .			
A. If amending name, enter the new name of the l	imited liabilit	v company here:		
The new name must be distinguishable and end with the v'L.L.C."	words "Limited	Liability Company,"	the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET AD	DRESS)			
	_			
5				
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	_	· · · · · · · · · · · · · · · · · · ·		
	_			
B. If amending the registered agent and/or reg	gistered office	address on our i	records, enter th	e name of the ne
registered agent and/or the new registered office a			,	
Name of New Registered Agent:				
14amie of New Registered Agent.				
New Registered Office Address:				
		Enter F	lorida street addr	ess
			, 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 Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member	FILED	
Title	Name		Type of Action
<u>VP</u>	Grace E. Duffy	2690 NE 200th Avenue TO STATE	Add
		Williston, FL 32696	Remove
			Add
			Remove
<u> </u>			Add
		to balle them.	_ Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

•		FILED	
		13 MAY 17 PM	1: 22
		GÉCRETARY OF ST <del>TALLARASSEE, R</del> L(	CATE ORIDA
Dated			
	Signature of a member or authorized re	i3 epresentative of a member	_
	ALYSON L. BRANT		
	Typed or printed name	of signee	

Filing Fee: \$25.00