[11000013201

(Re	equestor's Name)	
(Ac	ldress)	
(Ác	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300212823373

10/25/11--01023--007 **25.00

THOOT 25 PHIZ: IN

B. BOSTICK

OCT 2 6 2011

EXAMINER

COVER LETTER

Division of Co		
SUBJECT:	AG-MON, HC	
Sobblet.	Name of Limited Liability Compar	ny
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Garchi meg Ray Name of Person	udan
)	,
	AG-MON, UC	
	Firm/Company	
	4010 New Broad	arde 300
	Address	를 살 그
	O'ledo, FL City/State and Zip C	32765
	City/State and Zip C	ode Eg 25
	Tr _ quad @ yab	nual report notification)
For further information	concerning this matter, please call:	32765 ode 000. Com nual report notification) 227 32765
Ganchimeg	Raudan at (HOT) of Person Area	991 8648 <u>9</u> 44
Name	of Person Area	Code & Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Cop	
		REET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 3230†

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG-MON, LC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L II 0000 73 20 I</u> .	re filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
G-MON, LLC	
The new name must be distinguishable and end with the words "Limited L"L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4010 New Broad Circle 300
(Principal office address MUST BE A STREET ADDRESS)	Ovjeda, FL 32765
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 621535 Oviedo, FL 32762
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	1
	, Florida
Ci	\$1% \$
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 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>	Address	Type of Action
mg-RM	Bavuudory, Altanzyl	430 E Packwood Ave B107 Mailland, FL 32151	Add Remove
			Add Remove
<u>₩ - 74 ₩</u>	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	Adding Remove 25 PH 25 P
			12: 14 SIAIE LORIDA
Dated	Cct 20 , 20	II	
	Guchim	or authorized representative of a member e	

Filing Fee: \$25.00