

L1200000 7639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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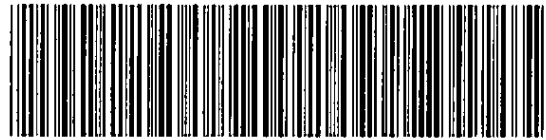
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 13 2019

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGABETH SERVICES 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:

Asherian, Ilan

Name of Person

AGABETH SERVICES LLC

Firm/Company

1688 Meridian Ave, suite 600

Address

Miami Beach, FL 33139

City/State and Zip Code

info@agabeth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Asherian, Ilan

786

858-7190

at (_____) _____

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**

AGABETH SERVICES 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 01/17/2012 and assigned
Florida document number L12000007639

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Asherian, Ilan

New Registered Office Address:

11595 Oaklawn Rd

Enter Florida street address

Jacksonville, FL

Florida 32218

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------------|--|
| D | Rozen, Jonathan | 11595 Oaklawn Rd | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32218 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| D | Asherian, Ilan | 11595 Oaklawn Rd | <input checked="" type="checkbox"/> Add |
| | | Jacksonville, FL 32218 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

19 AUG -6 AM 10:12
SECURITY STAFF
FALL ARABIAN FLORIDA

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19 AUG -6 AM 10:12
STINEBAUGH, Staff
ITALY, ARABIAN, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 29/7/2019

Signature of a member or authorized representative of a member

Rozen, Jonathan

Typed or printed name of signee