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AUG 21 2020 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp					
end te	eran.	ESTATE GROUP, LLC				
SUBJE	Name of Limited Liability Company					
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspor	ndence concerning this matter	to the following:			
		GLAUCIA BASTOS				
			Name of Person			
		THE TRUST CIRCLE SE	ERVICES,LLC			
			Firm/Company			
		1001 EAST SAMPLE RO	OAD 10E			
•			Address			
		POMPANO BEACH, FLO	DRIDA 33064			
			City/State and Zip Code			
		ATENDIMENTO@THETE				
		E-mail address: (t	o be used for future annual report notific	cation)		
For furtl	ner information co	oncerning this matter, please ca	ill:			
GLAUC	CIA BASTOS		954 864-7884 _ at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for the	e 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:

TO:

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

AGM REAL ESTATE GROUP, 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 $\frac{04/25/2012}{1}$ Florida document number __L12000055994 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Type of Action
MGRM	ANTHONY G MEDINA	10647 AVENIDA SANTA ANA	
		BOCA RATON FL 33498	Remove
			☐ Change
			Add
			П Remove
			Change
			□ Remove
			Change
			Add
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(If an effe <u>Note:</u> I	ve date, if other than ective date is listed, the dat If the date inserted in the ent's effective date on t	e must be specific and c is block does not me	cannot be prior to eet the applicabl			ing.) Pursuant to 605,02	
f the reco	ord specifies a dela 90th day after the	ayed effective da record is filed.	ate, but not a	an effective tir	me, at 12:01 a.n	n. on the earlier	of:
Dated _	IUNE 23RD	,	2020				
		ara Non	nak	ed representative o			
	CLARA A GNOAT		ember or authoriz	ed representative o	1 a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00