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COVER LETTER

Division of Cor	porations		
AGA Acco	unting and Federal Grants Adv	isors, LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joaquin Torres		
		Name of Person	······································
	AGA CPA's & Advisors, I	LC	
		Firm/Company	
	801 International Parkway	Suite 500	
		Address	
	Lake Mary, F1, 32746		
	•	City/State and Zip Code	
	joaquin.torres@aga-advisor		·
		to be used for future annual report notif	ncation)
For further information of	oncerning this matter, please c	all:	
Joaquin Torres		407 921-0441 at ()	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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

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

AGA Accounting and Federal Grants Advisors, 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 6/21/12 Florida document number L12000082335 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AGA CPA's & Advisors, LLC 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) N/A 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: N/A 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.

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>	Address	Type of Action
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			□ Remove
			Change
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fective date, if other than the da	te of filing:			(optional)	_	
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cument's effective date on the Depar	rtment of State's rec	ords.				
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The 90th day after the record	l is filed.					
September 30	2017					
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Sig	gnature of a mumber or	authorized represen	tative of a member	. ر	- - 2 23	_

Filing Fee: \$25.00

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