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☐ PICK-UP	☐ WAIT	MAIL
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R MASON

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	AG Homes,	LLC		
SUBJEC	~1;	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Chakravartee Motiram		
			Name of Person	=
		AG Homes, LLC		
			Firm/Company	_
		20888 Raindance Lane		
			Address	
		Boca Raton, FL 33428		
			City/State and Zip Code	
		rmotiram@bellsouth.net	to be used for future annual report notifi	ication)
For furth	ner information co	oncerning this matter, please ca	·	curon,
Chakrav	artee Motiram		770 881-5229 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	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:

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

AG Homes, 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 $\frac{3/5/15}{2}$ and assigned Florida document number L12000096539 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 "LLC." 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 fimited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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
AMBR	Israel Rosenberg	12555 Orange Drive #101	Add
		Davie, FL 33330	_ □ Remove
			☐ Change
			Add
			Remove
			☐ Change
	- 		□ Add
			☐ Remove
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		Signatule o	of a memb er o	or authorized rep	oresentative of	a member)~ ; 	106 106	

Filing Fee: \$25.00

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