

L12000128124

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 23 2013

J. BRYAN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Change Name of Manager & Agent  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clara Ortiz / Tina Hyde  
Name of Person

Agumart Group LLC  
Firm/Company

20335 West Country Club Dr. # 1107  
Address

Aventura 33180  
City, State and Zip Code

tina.hyde@hotmail.com  
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Tina Hyde  
Name of Person

at 786 319-6052  
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

Agmart Group LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/08/2012 and assigned  
Florida document number LI200028124

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 end with 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)

20335 W. Country Club Dr.  
# 1107

Aventura FL 33180

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:

Tina Hyde

New Registered Office Address:

20335 West Country Club Dr. # 1107

Enter Florida street address

Aventura

City

Florida

33180

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 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.

Tina Hyde

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tina Hyde	20335 West Country Club	<input checked="" type="checkbox"/> Add
		Dr. # 1107	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change Name Clara Oertz for Tina Hyde  
still the same person just change her Name  
to Tina Hyde.

Dated 08/19/13

Tina Hyde

Signature of a member or authorized representative of a member

Tina Hyde

Type or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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IN THE CIRCUIT COURT OF THE  
ELEVENTH JUDICIAL CIRCUIT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

IN RE: CHANGE OF NAME  
OF:

**Clara Agustina Ortiz**  
Petitioner.

FAMILY DIVISION

CASE NO. 2010-009980-FC-04

Section. 28

**FINAL JUDGMENT OF CHANGE OF  
NAME (ADULT)**

**THIS CAUSE** was heard on the Petition for Change of Name, and the Court having heard the testimony of the Petitioner, and being fully informed in the Premises, it is

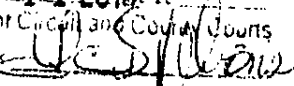
**ADJUDGED** that said Petition hereby is granted, and **Clara Agustina Ortiz** hereafter shall be known by the name of **TINA HYDE** and it is further

**ADJUDGED** that the Clerk of the Court hereby is directed to report this Final Judgment for Change of Name to the Department of Rehabilitative Services of the State of Florida.

**DONE and ORDERED** in Chambers at Miami-Dade County, Florida, on this the 11<sup>th</sup> day of May, 2010

  
SCOTT BERNSTEIN  
CIRCUIT COURT JUDGE

Copies furnished to:  
ALL PARTIES

STATE OF FLORIDA, COUNTY OF DADE  
I hereby certify that the foregoing is a true and correct copy of the  
as on file in this office. MAY 11 2010  
HARVEY RUBIN, Clerk of Circuit and County Courts  
Deputy Clerk 

TAMMIE D. ROBINSON 368

