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2013 JUN 27 AN II: 41

B. BOSTICK
JUN 2 8 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & G Capital Plus LLL 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:
Artur Kusingti Name of Person
A à b Capital Plus LLC Firm/Company
3653 Lapney Dr-Unit 204
Tallahussee, FL 32309 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: And Kasima Li at (267) 977-7075 Name of Person at (267) 977-7075 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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

A 26 Capital P	Olus LLC
(A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com	
Florida document number 12 00 0 135 058.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
III II WILLIAM I WANT OF THE MAIN OF THE MAINE	o month, company note.
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	(22)
Enter new mailing address, if applicable:	SSS 27
(Mailing address MAY BE A POST OFFICE BOX)	Fig. 1
	7 PA
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres	ed office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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.

¹ If araending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

Director/HGR Andi Kasimonti 3653 (agney Dr-Unit do) (Add) Tallahassee, FL 32309 Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Add Remove Add Remove Add Remove Add Remove Add Remove Add Remove Add Add Add Add Add Add Add Add	Director/MGR	Andi Kasimoti	3653 Cagney Dr-Uni	1 do4 (Add)
Add Remove 2013 UN 27 Remove Add Remove Add Remove Add Add Remove			Tallahassee, FL 32.	309 Remove
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. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ıted	June 24. 2013.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00

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