

L12000151066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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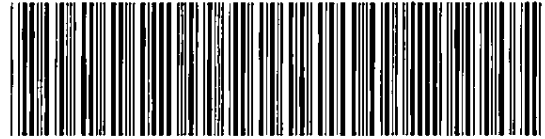
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2024 OCT 31 PM 1:07

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AG TAX AND ACCOUNTING SERVICES LLC**

\_\_\_\_\_  
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:

CECILIA MERINO

\_\_\_\_\_  
Name of Person

AG TAX AND ACCOUNTING SERVICES LLC

\_\_\_\_\_  
Firm/Company

13 W PLUMOSA LN

\_\_\_\_\_  
Address

LAKE WORTH , FL 33467

\_\_\_\_\_  
City/State and Zip Code

INFO@AG-TAXSERVICES.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECILIA MERINO

305 907-4817

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
2024 OCT 31 PM 1:07

AG TAX AND ACCOUNTING SERVICES LLC

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

LAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/01/2013 and assigned  
Florida document number L12000151066.

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:**

13 W PLUMOSA LN

**(Principal office address MUST BE A STREET ADDRESS)**

LAKE WORTH, FL 33467

**Enter new mailing address, if applicable:**

13 W PLUMOSA LN

**(Mailing address MAY BE A POST OFFICE BOX)**

LAKE WORTH, FL 33467

**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*

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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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2024 OCT 31 PM 1:08  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/19/2024

*[Signature]*

Signature of a member or authorized representative of a member

CECILIA MERINO

Typed or printed name of signee

**Filing Fee: \$25.00**