

L13000057690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

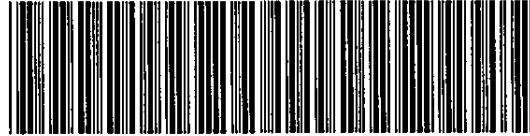
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong form  
emailing amendm.

Office Use Only



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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2015

ANTHONY FLORENCE  
3300 PGA BOULEVARD #550  
PALM BEACH GARDENS, FL 33410

SUBJECT: AG NATIONAL, LLC  
Ref. Number: L13000057690

We have received your document for AG NATIONAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 415A00020803

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AG National, LLC

\_\_\_\_\_  
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:

Anthony Florence

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

AG National, LLC

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

3300 PGA Blvd suite 550

\_\_\_\_\_  
Address

Palm Beach Gardens, FL 33410

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

Anthony@GreenEnergyAdvisors.com

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

For further information concerning this matter, please call:

Anthony Florence

954

558-0141

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/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 National, 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 04/19/2013 and assigned  
Florida document number L13000057690.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3300 PGA Blvd Suite 550

Palm Beach Gardens, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3300 PGA Blvd Suite 550

Palm Beach Gardens, FL 33410

**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:

Anthony Florence

New Registered Office Address:

3300 PGA Blvd Suite 550

Enter Florida street address

Palm Beach Gardens

Florida 33410

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

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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>               | <u>Type of Action</u>                      |
|--------------|--------------------|------------------------------|--|
| MGRM         | Anthony Florence   | 3300 PGA Blvd Suite 550      | <input checked="" type="checkbox"/> Add    |
|              |                    | Palm Beach Gardens, FL 33410 | <input type="checkbox"/> Remove            |
|              |                    |                              | <input type="checkbox"/> Change            |
| MGRM         | Gabriela Marinescu | 851 NE 14TH AVE #408         | <input type="checkbox"/> Add               |
|              |                    | HALLANDALE BEACH, FL         | <input checked="" type="checkbox"/> Remove |
|              |                    | 33009                        | <input type="checkbox"/> Change            |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input type="checkbox"/> Remove            |
|              |                    |                              | <input type="checkbox"/> Change            |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input type="checkbox"/> Remove            |
|              |                    |                              | <input type="checkbox"/> Change            |
|              |                    |                              | <input type="checkbox"/> Add               |
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|              |                    |                              | <input type="checkbox"/> Change            |
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|              |                    |                              | <input type="checkbox"/> Add               |
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**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 10/5/2015

*Ben F. M.*

Signature of a member or authorized representative of a member

Anthony Florence

Typed or printed name of signee

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**Filing Fee: \$25.00**

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