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COVER LETTER

TO:	Registration Sec Division of Corp			
CHDT	AGILEGEI	Γlle		
SUBJI	scr:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing	
		ndence concerning this matter	•	
ricasc	return an correspon	idence concerning this matter	to the following.	
		Erick Rivera		
			Name of Person	
		AGILEGEIT LLC		
			Firm/Company	
		137 Spanish Marsh Dr.	. ,	
			Address	
		Saint Augustine, FL 32095		
		agilegeit@gmail.com	City/State and Zip Code	14.1
		E-mail address: (t	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ea	alt:	
Erick I	Rivera		904 3978897 at ()	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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

AGILEGEIT LLC		
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	/2013 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	:
YOUR ORGANIZING STUDIO LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	FT ADDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	<u></u>	20 S
		2019 2019 2019
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address on ou office address here:	
Name of New Registered Agent:	Maria Alejandra Vila de Rivera	
New Registered Office Address:	137 Spanish Marsh Dr.	5 <u>6</u>
	Enter Florida	street address
	Saint Augustine	, Florida ³²⁰⁹⁵
	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

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>	Address	Type of Action
AMBR	Maria Alejandra Vila de Rivera	137 Spanish Marsh Dr.	
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change

. Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
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Effective date, if other than the date of filing:	
(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.) Purst Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will r	
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the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the first specifies and the record is filed.	ne earlier of:
Dated 11/17/2019	
Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00