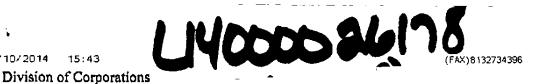
07/10/2014



P.001/004

Page 1 of 2

---- Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000165333 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 : (813)273-4229

Fax Number

: (813)273-4396

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address

flartampa@macfar.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGI HOLDINGS II, LLC

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0
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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 11 2014

7/10/2014

(((H14000165333 3))) *

TO ARTICLES OF ORGANIZATION OF

AGI Holdings II, LLC						
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Li Florida document number L14000026178	ability Company were filed on February 14	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of	the limited liability company here:					
The party many many has disely and all high the	words "Limited Liability Company," the designation "LLC" or the	shandalan W. I. C. P.				
		Bodievistion "L.C."				
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	T ADDRESS)					
•						
	·	三层第二				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)					
	or registered office address on our records, enter	the name of the nev				
registered agent and/or the new registered of	Tice address here:					
	•					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	City	Zip Code				
New Registered Agent's Signature, if changing I	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

Page 1 of 3

(((Hif amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
MGR Adam Schoenbaum		201 N. Franklin Street, Suite 200	O _ Add
		Tampa, Florida 33602	Remove
MGR	Carver Donaldson	201 N. Franklin Street, Suite 200	O ■ Add
	·	Tampa, Florida 33602	□ Remove
			Remove
			□ Remove
			☐ Add ☐ Remove
•	•		
		·	□ Add
			Remove

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must be specific, can ament is filed by the F	not be prior to date of rece		(Optional) be more than 90 days after
10	20	14	,
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illiam M. St	· / U	- ,	
	e must be specific, can ument is filed by the F 10	ument is filed by the Florida Department of State 10 20 Signature of a plants of a	o must be specific, cannot be prior to date of receipt or filed date and cannot burnent is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00