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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	Agent	Management Solution	ins, LLC
		Name of Lim	ited Liability Company	
The e	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			Juhn Duque Name of Person	
		Agent Mana	rgement Solutions, L	<u>ıc</u>
		17155	Bermuda Village D	rive
		9	oca Paton, FL. 3: City/State and Zip Code	3487
		E-mail address: (Johnat @ comcas to be used for future annual report notif	t. net
For fu	rther information co	ncerning this matter, please ca	all:	
	John Name of	Duque Person	at (<u>561</u>) <u>995</u> - Area Code Daytime	- 2157 e Telephone Number
Enclos	sed is a check for the	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

TO ARTICLES OF ORGANIZATION OF

Agant Management Solutions, UE

(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 f	iled on March 17,	2014	_ and ass	igned
Florida document number	,	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	mpany here:			
The new name must be distinguishable and end with the words "Limited Liability Co	mpany," the designation "LLC" or	the abb	reviation "I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
<u></u>				
77 A				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 			
- Maladaria				
B. If amending the registered agent and/or registered office a	ddress on our records, <u>er</u>	<u>iter th</u>	e name	of the new
registered agent and/or the new registered office address here:	ţ	·		
			-	-,
Name of New Registered Agent:			~~~~ ~~~~ ~~~~	
New Registered Office Address:			\ <u>\</u>	ree per
New Registered Office Address.	Enter Florida street address	. • • • • •	;-ni	• •
		- ·	الموال حال	. 1
	, Florida y	1 <u>2000</u> 22	Zip_Gode	
New Registered Agent's Signature, if changing Registered Agent:		<u>.</u>	ÜD	

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

Authorized Member being added or removed from our records:

MGR = Manager . AMBR = Authorized Member **Address** <u>Title</u> <u>Name</u> **Type of Action** John Duque 17155 Bermuda Village Dr MAdd MGR Boca Raton, FL 33487 □ Add ☐ Remove ☐ Add ☐ Remove □ Add _□ <u>Re</u>move □ÎAdd ____ □ Remove □ Add □ Remove

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Page 3 of 3

Filing Fee: \$25.00