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(Re	equestor's Name)	,
(Ad	dress)	
	dress)	
(Au	aress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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•	•	,
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		

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T. MATTHEWS DEC 13 2021

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
AGAPEM	D LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BETHZAIRA DIAZ		
		Name of Person	
	AGAPEMD LLC		
		Firm/Company	
	101425 OVERSEAS HIG	HWAY BOX 190	
		Address	
	KEY LARGO FL 33037		
		City/State and Zip Code	-
	SUE@KEYSACCOUNTIN	VG.COM to be used for future annual report no	
For further information c	oncerning this matter, please c	•	ancation)
	oncerning this matter, prease t		
BETHZAIRA DIAZ		786 339-4683 at ()	
Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se	
P.O. Box 632	-	Division of Co The Centre of	
Tallahassee, I	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION_{3: 29} OF 21 VEC - 2 Pil 3: 29

AGAPEMD 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 MAY 5, 2014 and assigned Florida document number __L14000072508 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

_, Florida ____

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

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21	CEC.	-2	4-11	٠,٠	-

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MIGUEL DIAZ, MD	101425 OVERSEAS HIGHWAY BOX 190	🗏 Add
		KEY LARGO, FL 33037	□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
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tive date, if other than the date of filing: If entire date is listed, the date must be specific and cannot be prior to de If the date inserted in this block does not meet the applicable	(optional)
and any amounted in this prock does not meet the applicable	ite of filing or more than 90 days after filing.) Pursuant to 60;
ment's effective date on the Department of State's records.	gradements, and also militar be ligh
rd specifies a delayed effective date, but not an effective time, a liled.	at 12:01 a.m. on the earlier of: (b) The 90th day afte
MOVEMBER 22	
NOVEMBER 23	
NOVEMBER 23	
Signature of a member or authorized	I representative of a member

Filing Fee: \$25.00