114000109095

estor's Name)	
ess)	
ess)	
state/Zip/Phon	e #)
☐ WAIT	MAIL
ess Entity Nar	ne)
ment Number)	
Certificates	s of Status
ng Officer:	
	ess Entity Nar

Office Use Only



300325075653

02/25/13--01018--008 **25.00



COVER LETTER

TO:	Registration Se Division of Cor			
etib i	CRAVED A	ART LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	.
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	endence concerning this matter	to the following:	
		CARMEN DOMINGUEZ		
		C & D PROFESSIONAL S	Name of Person SERVICES	
		11011 SW 69TH DRIVE	Firm/Company	
		MIAMI, FL. 33173	Address	
		DOMINGUEZ6932@AOL	City/State and Zip Code .COM	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
CARN	MEN DOMINGUE	Z	786 493-2901	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
⊞ 32	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 FILED

2019 FEB 25 PH 1:30 CRAVED ART, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 5204 The Articles of Organization for this Limited Liability Company were filed on JULY 11, 2014 Florida document number __114000109095 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AGA ASSOCIATES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

Cirv

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
			D Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
		 	
			☐ Remove
			Change

, -	
-	
-	
_	
-	
-	
_	
-	
-	
_	
_	
-	
-	
_	
-	
-	
`an eff <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	FEBRUARY 4 . 2019
	Chan al
	Signature of a member or authorized representative of a member
	(I A

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00