

L140001 78537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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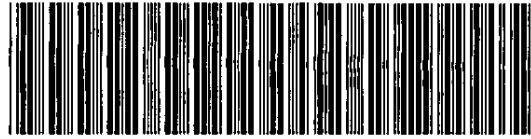
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JUN 26 AM 7:39  
411437

JUN 29 2017

J SHIVERS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AGN AGENCY, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA MACK  
Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC  
Firm/Company

2295 S HIAWASSEE RD SUITE 407F  
Address

ORLANDO-FLORIDA 32835  
City/State and Zip Code

CREATRIX@CFL.RR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK at ( 407 ) 710-0808  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	SALGADO GERALDES, RENATA CAROLINA	2295 S . Hiawassee Rd Ste 407C	<input checked="" type="checkbox"/> Add
		Oriando-Florida 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

17 JUL 26 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1100

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, the record is effective only at 12:01 a.m. on the earlier of:  
(b) The fourth day after the record is filed.

Dated June 12, 2017

Paniel Geraldes

Signature of a member or authorized representative of a member

Paniel Augusto de Almeida Geraldes  
Typed or printed name of signee