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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
, PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	· Certificates	s of Status
Special Instructions to	Filing Officer:	





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07/28/15--01012--006 **25.00



TO: Registration Section Division of Corporations SUBJECT: A G Contractors FL, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.

Armando Huns

Name of Person

AG Contractors FL, LLC.

Firm/Company

1331 Brickell Bay Dr. Unit 1705

Address

Miami, FL 33131

City/State and Zip Code

AMV @ agcontractors pr. com

For further information concerning this matter, please call:

Please return all correspondence concerning this matter to the following:

Armando Muns	at (787)	403-7254
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

FILED

ARTICLES OF ORGANIZATION 2015 JUL 28 PM 2: 15

AG Contractors FL	SEURETARIO DE STATU. TALLAHASSEE, HLORIDA
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{10/01/2014}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	1331 Brickell Bay Dr. Unit 1705 Hismi, FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 310575 Memi, FC 33231
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Jan De La Cruz
New Registered Office Address:	1331 Brickell Bay Dr. Unit 1705 Enter Florida street address
Mie	, Florida 3313 / Zip Code

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 Begistered 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:

<u>tle</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change
			Add
		 	□ Remove
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			□ Add
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ote: If the di	e, if other than the is listed, the da ate inserted in the ective date on	his block does	not meet the	applicable	te of filing or statutory fili	nore than 90 ng requirem	(optional days after filing ents, this date) g.) Pursuant to e will not be	605.0207 (3) listed as the
	ecifies a del lay after the			out not ar	effective	time, at	12:01 a.m.	on the ea	arlier of:
ated	07/13/	9015		·					
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Page 3 of 3

Filing Fee: \$25.00