L14000153754

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:		istration Sec Ision of Corp		¥	
OUDT	TOTAL	Agantic Gro	up LLC		
SUBJ.	ECT:		Name of Lim	ited Liability Company	
The er	nclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please	return	all correspon	dence concerning this matter	to the following:	
			Agan Prameshuber		
				Name of Person	·······
			Agantic Group LLC		
				Firm/Company	
			12620 Beach Blvd. Suite 3	30	
				Address	
			Jacksonville, FL 32246		
				City/State and Zip Code	
			agan@agantic.com		
				to be used for future annual report notific	ation)
For fu	rther ir	nformation co	ncerning this matter, please ca	all:	
Agan	Prame	shuber		904 708-4200	
		Name of	Person	at () Area Code Daytime '	Telephone Number
Enclos	sed is a	check for the	e following amount:		
□ \$2	25.00 F	iling 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

Agantic Group 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 _______ and assigned Florida document number ____L14000153754 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." 10752 Deerwood Park Blvd. Suite 100 Enter new principal offices address, if applicable: Jacksonville, FL 32256 (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: Agan Prameshuber Name of New Registered Agent: 12620 Beach Blvd. Suite 330 New Registered Office Address: Enter Florida street address Jacksonville

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

• or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mrs. Mgr	Una Prameshuber	12620 Beach Blvd. Suite 330	■ Add
		Jacksonville, FL 32246	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
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			P OF S OF Shange ORD A
			□ Remove
			Change
			Add
			□ Remove
			□ Change

Effective date, if other than the date of filing: (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 605.1 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the poth day after the record is filled. Dated 11th of May 2015 Signifiture of a member or authorized representative of a member	· ,			
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Signature of a member or authorized representative of a member		Me 6-		
Una Prameshuber	- ". ". ,,	Signature of a member or authorized rep	resentative of a member	
	Una Prameshuber			

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Filing Fee: \$25.00