## L150000 10472

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J. Stilvers MAR 0 5 2015

## **COVER LETTER**

TO: Registration of	on Section Corporations	
AGAI	PI GROUP INVESTMENTS, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
	respondence concerning this matter to the following:	
r lease return an con	espondence concerning this matter to the following.	
	JONATHAN ABRAHAM BEZERRA	
	Name of Person	
	AGAPI GROUP INVESTMENTS, LLC	
	Firm/Company	
	942 BLUEWOOD TERRACE	
	Address	
	WESTON, FLORIDA 33327	
	City/State and Zip Code	
	ABRAHAMAGAPI@GMAIL.COM  E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
JONATHAN AF	BRAHAM BEZERRA 954 303-5922	
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check t	for the following amount:	
■ \$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

AGAPI GROUP INVESTMENT	ΓS, LLC	
( <u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L15000010472</u>	ty Company were filed on JANUARY 20, 2015	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicables	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		<del></del>
B. If amending the registered agent and/or r registered agent and/or the new registered office :	egistered office address on our records, <u>enter t</u> address here:	he name of the new
	5	<u> </u>
Name of New Registered Agent:	r	<u>्र</u> ज
New Registered Office Address:		
	Enter Florida street uddress	
	, Florida	
New Registered Agent's Signature, if changing Register	City Served Agent:	Zip Com
provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agre nd complete performance of my duties, and I am fa nd agent as provided for in Chapter 605, F.S. Or, ij tered office address, I hereby confirm that the limi	e to comply with the miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JONATHAN ABRAHAM ME	942 BLUEWOOD TERRACE	■ Add
	BEZERRA	WESTON	☐ Remove
		FLORIDA 33327	
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			□ Remove

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late this document is filed b	an the date of filing:(options filed date and cannot be more than 90 days after y the Florida Department of State)
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tate this document is filed b	y the Florida Department of State)

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