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COVER LETTER

TO: Registration Se Division of Cor			
	ting and Management Services	, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pedro P. Aguilar		
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Pedro P. Aguilar Name of Person AG Consulting and Management Services, LLC. Firm/Company 8265 Westcott Shore Dr Address Orlando, FL 32829 City/State and Zip Code paguilar@firm-grip.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:		
	AG Consulting and Manag	gement Services, LLC.	
		Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: P. Aguilar Name of Person Consulting and Management Services, LLC. Firm/Company S Westcott Shore Dr Address Indo, FL 32829 City/State and Zip Code lar@firm-grip.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (
	8265 Westcott Shore Dr		
	·	Address	
	Orlando, FL 32829	Pedro P. Aguilar Name of Person AG Consulting and Management Services, LLC. Firm/Company 265 Westcott Shore Dr Address Orlando, FL 32829 City/State and Zip Code aguilar@firm-grip.com E-mail address: (to be used for future annual report notification) rning this matter, please call: 407 927-4969	
	paguilar@firm-grip.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	ail:	
Pedro P. Aguilar			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG Consulting and Management Services, LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on 2/20/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
Firm Grip Solutions, LLC	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	red office address on our records, enter the name of the new ss here: Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Pedro P. Aguilar	8265 Westcott Shore Dr Orlando, F	
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only autho	orized agent of	the company.										
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effective date : If the dat	if other than is listed, the date e inserted in the ective date on t	must be specification in the must be specificated in the m	ic and ca not med	annot be pret the app	licable s	of filing of	or more the	an 90 day	(option s after fil ts, this d	ing.) Pu	rsuant to not be	605.02 listed
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