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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR -5 A 11:10

FILED

MAR 18 2019

T. LEMIEUX



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**Attorneys at Law**

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Florida Bar Association

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Member:  
Florida Institute of Certified  
Public Accountants

February 26<sup>th</sup>, 2019

***Certified Mail Return Receipt Requested***  
***No. 7017 1070 0000 9486 2817***

Florida Department of State  
Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Ref: Articles of Amendment to Articles of Organization of Advisors Group Service LLC  
("the Company")**

To whom it may concern:

Enclosed please find the Articles of Amendment to Articles of Organization of Advisors Group Service LLC and check # 1553 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee

Should you have any question, please do not hesitate to call us.

Very truly yours,

**Diego L. Restrepo, P.A.**

By:   
Luisa Elena Cuadrado, Paralegal

w/ enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ADVISORS GROUP SERVICE LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DIEGO L. RESTREPO ESQ.

\_\_\_\_\_  
Name of Person

DIEGO L. RESTREPO P.A.

\_\_\_\_\_  
Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE 913

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

LUISA@RESTREPOLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO L. RESTREPO ESQ.

305

447-9430

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 ORGANIZATION  
OF**

**FILED**

ADVISORS GROUP SERVICE LLC

**2010 MAR -5 A 10 10**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 6/26/2015 and assigned  
Florida document number L1500011647.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

Florida

*City*

*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 Registered 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:

MGR = Manager  
AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA CATALINA VELASQUEZ	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIRTA ABREU	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSELLA MEOLA GIOIA	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

LUIS SANTIAGO CUARTAS  
Typed or printed name of signee