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Diego L. Restrepo, P.A. Attorneys at Law

Member:

Florida Bar Association

2600 S Douglas Road, Suite 913 Coral Gables, Florida 33134

Telephone: (305) 447-9430 Fax: (305) 448-5541

E-Mail: diego@restrepolaw.com

Member:

Florida Institute of Certified Public Accountants

February 26th, 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

COVER LETTER

то:		istration Sec sion of Corp			
	n ar	ADVISORS	GROUP SERVICE LLC		
SUBJ	EC1:		Name of Lim	ited Liability Company	
The er	nclosed	Articles of A	smendment and fee(s) are sub	mitted for filing.	
Please	return	all correspor	dence concerning this matter	to the following:	
			DIEGO L. RESTREPO ES	SQ.	
				Name of Person	
			DIEGO L. RESTREPO P	Α.	
				Firm/Company	
2600 SOUTH DOUGLAS ROAD. SUITE 913					
			- · · · · · · · · · · · · · · · · · · ·	Address	
			CORAL GABLES, FL 33	134	
			• · · · <u> </u>	City/State and Zip Code	
			LUISA@RESTREPOLAW		
			E-mail address: (to be used for future annual report in	otification)
For fu	rther in	formation co	ncerning this matter, please ca	all:	
DIEGO L. RESTREPO ESQ. 305 447-9430 at ()					
		Name of	Person	Area Code Days	time Telephone Number
Enclos	sed is a	check for the	e following amount:		
■ \$2	25.00 Fi	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)

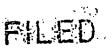
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ADVISORS GROUP SERVICE LLC

9818 MAR -S A IN 18

(Name of the Limited Lin	ability Com	pany as it now appears on ordinately Company)	ur records.)
			LLAHASSEE ELORICA
The Articles of Organization for this Limited Liabili	ty Compai	ny were filed on	and assigned
Florida document number L15000111647	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited li:	ability company here:	
N/A			
The new name must be distinguishable and contain the words	Limited Lia	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	:	N/A	
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office of New Registered Agent:	•		records, enter the name of the
N. N	/A		
New Registered Office Address:		Enter Florida str	eet address
		Char	, 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>	Address	Type of Action
MGR	MARIA CATALINA VELASQUEZ	2600 SOUTH DOUGLAS ROAD. SUITE 913	□ Add
		CORAL GABLES, FL 33134	■ Remove
			Change
MGR	MIRTA ABREU	2600 SOUTH DOUGLAS ROAD, SUITE 913	Add
		CORAL GABLES, FL 33134	_ ■ Remove
			☐ Change
MGR	ROSELLA MEOLA GIOIA	2600 SOUTH DOUGLAS ROAD. SUITE 913).
		CORAL GABLES, FL 33134	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

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Note: If the date inserted in th	n the date of filing:	
If the record specifies a dela (b) The 90th day after the	layed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	the earlier of
DatedFEBRERO 25,	2019	
	·	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00