| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | : |
| | | |

Office Use Only



600293573446

01/03/17--01044--024 **25.00

K. SALY JAN - 5 2017 FALK LAW GROUP

Real Estate - Bankruptcy - Evictions Wills, Estates & Trusts - Immigration

507 N Dixie Highway Lake Worth, FL 33460 561-493-9200

www.falklawgroup.com

December 29, 2016

Sent by UPS

Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 3231

Re:

AG REV III, LLC

Amendment of Articles of Organization

Dear Sir or Madam:

Enclosed please find the form to Amend the Articles of Organization for AG REV III, LLC, along with a check for \$25.00.

Please note that Garofalo Group Investments, Inc. will be removed as manager.

Sincerely,

Leaha Norvell

Attorney

cc: Client

COVER LETTER

| TO: Registration Division of C | | ns | | | | |
|--------------------------------|--------------|--|------------|---|--|---|
| SUBJECT: | AG | REV Name o | | , LLC ed Liability Company | | |
| The enclosed Articles | of Amendr | ment and fee(s) ar | re subm | nitted for filing. | | |
| Please return all corres | pondence | concerning this m | natter to | the following: | | |
| | A | nthony | F | Name of Person | | |
| | _# | tdelphi | 0 | Name of Person rganizatio Firm/Company | n,LL | <u>C</u> |
| | _ | 790 A | Ind | rens Ave | #EI DI | |
| | | elray | B | each FL City/State and Zip Code | 334 | 83 |
| | | E-mail add | lress: (to | be used for future annual re | port notification) | |
| For further information | n concernit | ng this matter, ple | ease cal | I: | | |
| Leaha Noi | e of Person | Esq. | | at (<u>SUI</u>) <u>49</u> | 7 <mark>3 - 920</mark> Daytime Teleph | one Number |
| Enclosed is a check fo | r the follow | ving amount: | | | | |
| \$25.00 Filing Fee | | 0.00 Filing Fee & Certificate of Stat | | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | | 1 \$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

ame 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 <u>August 31, 2015</u> and assigned Florida document number L15 000148601

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 Liabs Enter new principal offices address, if applicable: | Hity Company," the designation "LLC" or the abbreviation "L.L.C." 790 Andrews Are E101 Delray Beach Pl 33483 |
|--|--|
| (Principal office address MUST BE A STREET ADDRESS) | Delray Beach Fl 33483 |
| Enter new mailing address, if applicable: | 790 Andrews Ave E101 Delray Beach FL 33483 |
| (Mailing address MAY BE A POST OFFICE BOX) | Delray Beach FL 33483 |

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:

New Registered Office Address:

Delray Beach, Florida 33483

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 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 **Title** <u>Name</u> **Type of Action** 2165 Bay Dr. # 16 Miami Beach FL MGR □ Add Remove _□ Change □ Add ☐ Remove _□ Change □ Add Remove Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove □ Change

| | يـــ |
|----------|--|
| _ | Tu: I |
| | |
| | POE W |
| _ | |
| | |
| | 92 2 |
| _ | <u></u> |
| | |
| | |
| | · |
| | |
| | |
| | |
| ective | e date, if other than the date of filing: (optional) |
| n effect | ive 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 |
| | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records. |
| | |
| reco | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
| he 9 | Oth day after the record is filed. |
| ` | 2014 |
| ted _ | December 29, 2016. Archory Fasone Signature of a member or authorized representative of a member |
| | antonia Inone |
| | |

Page 3 of 3

Filing Fee: \$25.00