

L15000168122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

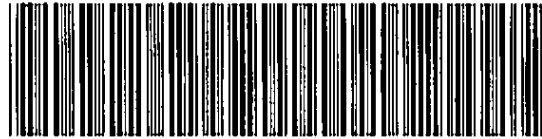
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
AUG 01 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AG REV IV, 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:

Anthony Fasone

Name of Person

Adelphi Organization, LLC

Firm/Company

790 Andrews Avenue

Address

Delray Beach, Florida 33483

City/State and Zip Code

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

For further information concerning this matter, please call:

Leaha Norvell, Esq.

561 493-9200
at ()
Area Code Daytime Telephone Number

Name of Person

SECRETARY OF
TALLAHASSEE, FLORIDA

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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**

AG REV IV LLC

(Name 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 October 2, 2015 and assigned
Florida document number 115000168122.

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 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 ADDRESS)

790 Andrews Avenue E101

Delray Beach, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

790 Andrews Avenue E101

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:

Adelphi Organization, LLC

New Registered Office Address:

790 Andrews Avenue E101

Enter Florida street address

Delray Beach

City

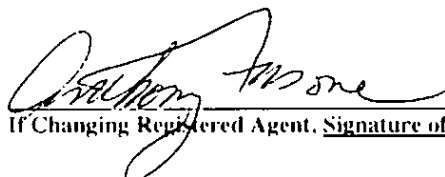
, Florida

33483

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	Garafalo Group Investments Inc	836 85th Street	<input type="checkbox"/> Add
		Miami Beach FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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MICHELE MARY LOE OF 912

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated and 7/19/17 .

Anthony Fasone

Signature of a member or authorized representative of a member

Anthony Fasone, Manager of Adelphi Organization, LLC

Typed or printed name of signee

ACKNOWLEDGMENT AND NOTICE OF WITHDRAWAL

This document will acknowledge and give notice that Garofalo Group Investments, Inc. will withdrawal as manager of AG REV IV, LLC. and thus Garofalo Group Investments, Inc. will have no decision-making authority from this day forth.

IN WITNESS WHEREOF, parties have executed and attested to this Acknowledgment and Notice of Withdrawal, and have caused it to be executed and attested, the day and year first written below.

AGREED:

Rafael Garofalo, as President of Garofalo Group Investments, Inc.

Date: 7/18/17

Anthony Fasone

Anthony Fasone, as Manager of Adelphi Organization, LLC

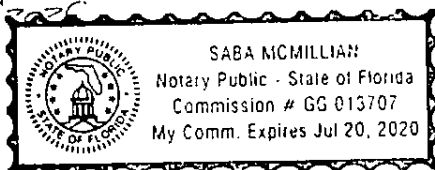
Date: 7/19/17

STATE OF FLORIDA)

COUNTY OF Miami-Dade) ss

THE FOREGOING INSTRUMENT was acknowledged before me this 18th day of July, 2017, by Rafael Garofalo, as President of Garofalo Group Investments, Inc. who is personally known to me or who has produced FL DL # GG14720672410 as identification and who did take an oath.

(Seal)



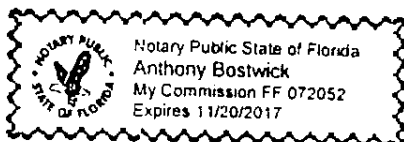
Saba McMillian
NOTARY PUBLIC, State of Florida

STATE OF FLORIDA)

COUNTY OF PAUM GARCH) ss

THE FOREGOING INSTRUMENT was acknowledged before me this 19 day of July, 2017, by Anthony Fasone, as Manager of Adelphi Organization, LLC who is personally known to me or who has produced Driver License as identification and who did take an oath.

(Seal)



Anthony Bostwick
NOTARY PUBLIC, State of Florida