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11/20/10 ~

COVER LETTER

TO:

TO: Registration Se Division of Co			
Ċ	1AG Holdmas, L	16	
SUBJECT:		nited 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:	
	An	abel De Leon Name of Person	
	^ .		
	OAG	Holdings LLC	
	500 Palm	Street SuiteA	
		Address	•
	West Palm	Beach, FL 3340	
		City/State and Zip Code	لأن
	E-mail address: (1 @ gmail . com	ication)
For further information of	concerning this matter, please c		-
Analsel ?	De Leon	at (<u>Sb1</u>) <u>840-</u> Area Code Daytime	9160
	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Regist	ANG ADDRESS: ration Section on of Corporations	STREET/COURII Registration Section Division of Corpora	1
P.O. B	ox 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

()AG 1	toldings, LLC	-		
(Name of the Limited Liability (A Florida I	Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L15 000213575</u>	ompany were filed on <u>1</u> 	2/78/2015	_ and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit Anabel De Leon Infec	ior Design L	LC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	signation "LLC" or the abbro	eviation "I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)	 -	 -	
		· · · · · · · · · · · · · · · · · · ·		
			-	3 }
Enter new mailing address, if applicable:			<u>:</u>	1
(Mailing address MAY BE A POST OFFICE BOX)			٠.	. 1
			Ň	تسد
			u	of the nev
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, <u>enter th</u>	e name	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floric	la street address		
		, Florida		
	Ciţy		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			مرات Add
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•		
Effect	ive date, if other than the date of filing: (optional)	
Note:	fective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	r of
Dated		
	Signature of a member or authorized representative of a member	
	Signature of a marshar or authorized concentrative of a marshar	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00