(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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D. BRUCE JUN 28 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	S C Name of Limited Liability Comp	LLC any			
The enclosed Articles of Amendment and	fee(s) are submitted for filing.				
Please return all correspondence concernit	ng this matter to the following:				
	GREG V	ALLI			
· .——	Firm/Compa	-			
6880	NW &	B+# AVI	E.		
Ft. 1	AUDER MLE City/State and Zi		3330	9	
ADm I E	PAL BOATLIFTS mail address: (to be used for future	Annual report notificat	com.	TA: 2	•
For further information concerning this ma	atter, please call:			2017 X	enige.
GREG VALLI Name of Person	at (<u>954</u> Area Co	de 968- Daytime Te	4040 elephone Number	JUN 26 P	
Enclosed is a check for the following amo	unt:			STA STA	O
□ \$25.00 Filing Fee □ \$30.00 Fili	ng Fee & ☐ \$55.00 Filir e of Status Certified C		Certified C	of Status &	

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGSC	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6002052</u> 24	were filed on $2-14-17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.L.C." or the abbreviation "L.L.C." 6886 NW 20 th AVE Ft. LAUDER DALE, PL 33309
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Enter Florida Street address City Florida City Florida
hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
			□ Remove
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Effective date, i	f athan than th	a data of fills				⇒` optional)	(A)	
If an effective date in Note: If the date document's effective	s listed, the date m inserted in this l	ust be specific an block does not a	nd cannot be prior meet the applic	able statutory fil	more than 90 days	after filing.) Pursu	ant to 605. ot be liste	.0207 (ed as 1
ne record spec The 90th da	ifies a delaye y after the re	ed effective (cord is filed.	date, but no	t an effective	e time, at 12:0	01 a.m. on th	e earlie	r of:
Dated								
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Page 3 of 3

Filing Fee: \$25.00