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(Re	questor's Name)	
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COVER LETTER

TO:	Registration'Se Division of Cor				
SUBJI		AN INVESTMENT GROUP L	LC		
50 50		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			JOHN V. FLANAGAN		
			Name of Person		
		FLANA	GAN INVESTMENT GROUP LLC		
			Firm/Company		
	·	1	140 BEL AIRE DR WEST		
			Address		
	PEMBROKE PINES, FL 33027				
		-	City/State and Zip Code		
			JVFLAN@YAHOO.COM		
		E-mail address: (1	to be used for future annual report notific	cation)	
For fur	ther information co	oncerning this matter, please ca	all:		
JOHN V. FLANAGAN 252 626-2060					
,	Name of	at () Person Area Code Daytime Telephone Numbe		Telephone Number	
Enclose	ed is a check for th	e following amount:			
X \$2:	5.00 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

	AGAN INVESTMENT GROUP I		
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab lorida document number		DECEMBER 21, 2016	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company h	ere:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
		•	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	OX)		
3. If amending the registered agent and/or		n our records, <u>enter th</u>	name of the
egistered agent and/or the new registered office	ce address here:	,	ESS =
		3	SE SE
Name of New Registered Agent:			3 6 7
New Registered Office Address:		SEE	2 8 1
rem registered Office readiess.	Enter Flo	rida street address	
	•	. Florida	5 7 June
	City	, riorida	Zir CS ode

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	LAURA M CABALLERO	1140 BEL AIRE DR WEST	
		PEMBROKE PINES, FL 33027	⊠ Remove
			Change
MGR	JOHN V FLANAGAN	1140 BEL AIRE DR WEST	\y Add
		PEMBROKE PINES, FL 33027	Remove
		 	Change
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locument's e	nodifica a deleved recent :		an effective ti	me, at 12:01 a	.m. on the ea	rlier of
e record s	pecifies a delayed effective day after the record is filed	1.				
e record s The 90th		2016	_•			
e record s	DECEMBER 22		.· •			

Page 3 of 3

Filing Fee: \$25.00