

L17000043033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

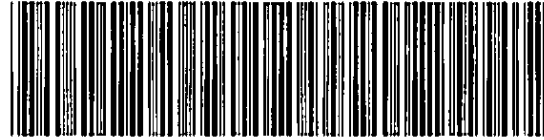
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 31 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 03 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2020

HARVEY RODRIGUEZ
6255 SW 129 PL, #2201
MIAMI, FL 33183

SUBJECT: AGENCIA CENTRAL, LLC
Ref. Number: L17000043033

We have received your document for AGENCIA CENTRAL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Page 3 of application not enclosed with signatur.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00000715

2020 JAN 31 PM 12:12

**Registration Section
Division of Corporations**

ECT: Agencia Central LLC
Name of Limited Liability Company

closed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Harvey Arturo Rodriguez
Name of Person
Agencia Central LLC
Firm/Company
6255 SW 129 PLACE # 2201
Address
Miami, Florida 33183
City/State and Zip Code
hars@acentral.co
E-mail address: (to be used for future annual report notification)

ther information concerning this matter, please call:

Harvey Arturo Rodriguez at (786) 4177835
Name of Person Area Code Daytime Telephone Number

ed 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Agencia Central 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 February 23, 2017 and assigned
Florida document number L17000043033.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

A

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

NA

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

NA

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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:

Harvey Arturo Rodriguez

New Registered Office Address:

6255 SW 129 PLACE # 2201

Enter Florida street address

Miami


Florida 33183

City

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

GR = Manager

AMR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMR	Vanessa L. Martinez	6255 SW 129 PLACE	<input type="checkbox"/> Add
		#2201	<input checked="" type="checkbox"/> Remove
		Miami, FL 33183	<input type="checkbox"/> Change
AMR	Luis Alejandro Vargas	9615 DeWitt Drive	<input checked="" type="checkbox"/> Add
		#202	<input type="checkbox"/> Remove
		Silver Spring, MD 20910	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL

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(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)

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 01.18.2020

Signature of a member or authorized representative of a member

HARVEY ROBINET
Typed or printed name of signee

Filing Fee: \$25.00