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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Cor				
		PERTIES LLC			
SUBJE	CT:	Name of Lim	ited Liability Company	·	
			-		
		ARCHIE J. RYAN III, ES	Q.		
			Name of Person		
		RYAN & RYAN LLC			
		Firm/Company			
		700 EAST DANIA BEAC			
			Address		
		DANIA BEACH FL 3300	4		
		RYAN & RYAN LLC Firm/Company 700 EAST DANIA BEACH BOULEVARD 3 FL Address DANIA BEACH FL 33004 City/State and Zip Code ARYAN@RYANLAWFL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call:			
		-		ication	
Use firet	har information o			ication)	
ARCHI	IE J. RYAN III, E				
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	Registr	ING ADDRESS: ration Section	STREET/COURI Registration Section Division of Corpor	n	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGV PROPERTIES LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L17000055446</u>	pany were filed on MARCH 9, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	SS)
Enter new mailing address, if applicable:	LAHASSE
(Mailing address MAY BE A POST OFFICE BOX)	FLORID STATE
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	zip cone

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	NELSA VALLADARES	2780 NE 183 ST. PH-06 Aventura, FL 33160	
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	ord specifies a delay 90th day after the r		but not an effe	ective time, at 12	:01 a.m. on the	earlier of
Dated _	NUGUST 16	201	17			
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Page 3 of 3

Typed or printed name of signee

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