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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
CHRISCT.	AS 7017 U	L C	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Gregory &	Name of Person	
	AG (017	UC	
		Firm/Company	
	324 Coconut	156 Drive	<del></del>
	Fort Landerd	Gle F 33301 City/State and Zip Code	
	begregge (1) E-mail address: (1)	e used for future annual report notifica	ition)
For further information cor	ncerning this matter, please ca	ill:	
SYESWY BI	GY ( ) Person	at (7) 443 1 Area Code Daytime T	elephone Number
Enclosed 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:	<u> </u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

AG 2017	LLC		<u> </u>
( <u>Name of the Limited</u>	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Hability Company)	
		were filed on <u>4/13/17</u>	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	is submitted to amend the following:  name, enter the new name of the limited liability company here:  be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."  ipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  ing address, if applicable:  MAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	ity Company," the designation "LLC" or the	abbreviation "L.1C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <u>0X)</u>	324 (Ocon+ Isle I Firt (Guardale, Fo	24 23238 = = = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Gregory	Blanco	
New Registered Office Address:	34	OCUPH So DNVc Enter Florida street address	<del>-</del>
	<b>B</b> FOA	<u>Laudydale</u> , Florida_	3330   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

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n effective date is list te: If the date ins	sted, the date must be spe	cific and cannot be p es not meet the ap	rior to date of filing or r plicable statutory fili	nore than 90 days after	filing.) Pursuant to 605.020 date will not be listed as
cord specifies a c	delayed effective date,	but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
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	17	. 2024	··		
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ted MGY			uthorized representativ	e of a member	