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JUN 1 8 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	AG Consult		
	Name of Limit	led Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Adri	ian Gome-Z	
		Name of Person	
	AG (	Consultants, 220	·
		Firm/Company	
	2153	1 Sw 98 Court	
	Cutler	Bay, Fl 331	59
	099490	City/State and Zip Code  hotmail .Com  be used for future annual report notifice	ition)
For further information cond	erning this matter, please cal	·	,
Advian G	59mo	at (305) 978-0	1111
Name of Po	erson	Area Code Daytime T	elephone Number
Enclosed is a check for the f	/ -		
□ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG Consultants, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A riotida Linited	Claomity Company)	_
	3/19/201	8
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L18000070129</u>		
This amendment is submitted to amend the following:		<b>2</b> 图 9
this amendment is submitted to amend the following.		SH B m
A. If amending name, enter the new name of the limited liab	oility company here:	ω <sub>E</sub>
Candles Bayou, LL	C	
The new name must be distinguishable and contain the words "Limited Liabi		the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21531 SW	16 Court
(Principal office address MUST BE A STREET ADDRESS)	Cutter Bay, F.	l. 33184
	<i>J</i> ,	•
	- ~	^ 1
Enter new mailing address, if applicable:	21531 SW 98	Court
	Outler Paul CO	22129
(Mailing address MAY BE A POST OFFICE BOX)	Carro Day, Fe	9010
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
\ \C	<u>c</u> .	
//X		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Floric	10
	City	Zip Code:
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office		
company has been notified in writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

or removed	from our récords:		
MGR = M $AMBR = A$	from our récords:  Ianager  outhorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			Change
			□ Add
			🗆 Remove
			Change
			Remove
		<del></del>	Change
	<del></del>		
		-	□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change

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

ti am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-N/ <del>X</del>
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 20 2019
	Arin Eur
	Signature of a member ocauthorized representative of a member
	Annie Giomez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00