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SECHETARY OF SIGNORATIONS
DIVISION OF CORPORATIONS

N COOPER JUN 1 8 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Age Investments LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Ganbuzza Name of Person
Agec Investments LLC Firm/Company
1755 W. Brondway St, Ste 5
Orlando FL 32765 City/State and Zip Code
Adam g Am Z @ gmail . Com E-mol address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Gambuzza at (321) 228-4333 Name of Person at (321) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Status S25.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of

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

Age Taves frents LLC (Name of the Limited Linbility Company as It no (A Florida Limited Liability Co	v appears on our records.) mpary)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L 1800092846</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JUN 15 AM D: 21
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
,	inter Florida street address
City	, Florida 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

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>	Name	Address	Type of Action
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Filing Fee: \$25.00