118000118904

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Division of Co			
QUALITY SUBJECT:	INVESTMENT PARTNERS Name of Lin	LLC -	
	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GIRALDO HERNANDEZ	2	
		Name of Person	
	QUALITY INVESTMENT	T PARTNERS LLC	
		Firm/Company	
	3641 7TH AVE SE		
		Address	
	NAPLES, FL 34117		
	<u> </u>	City/State and Zip Code	
	ADMIN@AGAPEHOMEE		
	E-mail address; (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
GIRALDO HERNANDI	EZ	239 9614676	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(A Florida Limited	any as it now appears on o Liability Company)		
The Articles of Organization for this Limited I	_iability Company	were filed on 05/11/20	18 an-	d assigned
Florida document number L18000118904				
This amendment is submitted to amend the fol				
A. If amending name, enter the new name o	of the limited liab	pility company here:		
AGAPE HOME BUILDERS LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designat	ion "LLC" or the abbreviation	ու "L.L.C."
Enter new principal offices address, if applicable:		5659 STRAND CT. SUITE 108		
Principal office address MUST BE A STREI	NAPLES, FL 34110			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)	-		
	<u> </u>			
			-	
3. If amending the registered agent and/or i	registered office	address on our records	s, enter the name of the	new regis
gent and/or the new registered office addre	ss here:			-
Name of New Registered Agent:				•
New Registered Office Address:	5659 STRAND	CT, SUITE#108		£ .
		Enter Florida stre	et address	
	NAPLES		Florida ³⁴¹¹⁰	
		City	Zip C	

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 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
-			□ Add
		·	©Remove
			□Change
			□Remove
			Change
	-		
			Remove
			□Change
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Tective date, if other than the date must be an effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Deporture of	ate of filing: e specific and cannot l k does not meet the	rapplicable si	of filing or more th	(option nan 90 days after ti juirements, this d	ling 3 Pursuant to 605 0
record specifies a delayed effective of is filed.	late, but not an effe	ctive time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after t
SEPTEMBER 15.	2023				
nted	 '				
* Color	_				
* Color	gnature of a member of	or authorized r	epresentative of a	member	

Filing Fee: \$25.00