118000/161564

(Requestor's Name)
(Nequestor 3 Name)
(Address)
(Address)
(Address)
(Address)
(C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200336771032

11/18/19--01011--010 **25.00

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Amend

DEC 14 2019 ALBRITTON

COVER LETTER

DIV	ision of Corp	porations				
SUBJECT:	AG Manage	ment & Consulting LLC				
Name of Limited Liability Company						
The enclosed	Anticles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspoi	ndence concerning this matter t	to the following:			
		Rosarito Medina Negron				
			Name of Person			
		AG Management & Consul	ting LLC			
Firm/Company 9321 W 34th Ct						
		Address				
		Hialcah, FL 33018				
		charito.abcl@hotmail.com	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notific	cation)		
For further in	iformation co	oncerning this matter, please ca	di:			
Rosarito Me	dina Negron		786 281-4456 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG Management & Consulting LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
	y were filed on July 11, 2018	and assigned
The Articles of Organization for this Limited Liability Company were filed on		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		SSECTION &
Name_of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	lo.
	City , Florid	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jose A Garcia Batista	9321 W 34th CT Hialcah, FL 33018	_
			■ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
		 	☐ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			☐ Change

				-	•
	-	•		·	•
					-
					•
			·		-
					•
					=
					<u>-</u>
					_
					-
					-
					_
	other than the date of filin			_ (optional)	
Note: If the date in	listed, the date must be specific an nserted in this block does not a ve date on the Department of !	meet the applicable st			
	fies a delayed effective of after the record is filed.		effective time, at 1	.2:01 a.m. on the earli	er of:
Dated November 1	1	2019			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00