## L18000167564

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SECRETARY OF STATE

## **COVER LETTER**

	Registration Se Division of Cor			* 5	
SUBJEC		ement & Consulting LLC			
SOBJEC	···	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		Rosarito Medina Negron			
			Name of Person		
			Firm/Company		
		9321 W 34 Ct			
			Address		
		Hialcah FL 33018			
For furth	er information c	er-man address: (	to be used for future annual r	ероп поинсаног	n)
	Medina Negron		786 281	-4456	
Name of Person		at () Area Code	Daytime Telep	phone Number	
Enclosed	is a check for th	ne following amount:			
<b>■</b> \$25.0	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 Addres Registration S		<u>Street Ad</u> Registra	dress: tion Section	
	Division of C	orporations	Division	of Corporat	ions

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG Management & Consulting LLC

company has been notified in writing of this change.

FILED

(Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our records 23 AUG 17 AH 8: 1.8		
The Articles of Organization for this Limited Liability Company Florida document numberL18000167564	Any as it now appears on our records 23 AUG 17 AM 8: 48  Liability Company)  Were filed on 07/11/2018 SECRETARY OF SECRETA		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
REFRITECH MANAGEMENT CONTRACTOR LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	9821 NW 80 Ave Unit 5Q		
	Hialeah FL 33016		
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere		
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Address	Type of Action
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			□Remove
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Effective de	uta if athar tl	han the date o	ef filing:				(option:	al\	
f an effective   Note: If the	date is listed, the date inserted i	han the date of date must be spe- in this block doe on the Departme	cific and canno	he applicab	date of filing or le statutory fi	r more than 90 ling requiren	days after fili	ng.) Pursuant to	605,0207 listed as
e record spec d is filed.	ifies a delayed	effective date,	but not an ef	fective time	e, at 12:01 a.r	n. on the ear	ier of: (b)	The 90th day	after the
Augu Dated	st 10th		20:	23					
				7) A					_
		Signatu	ire of a membe	er or authoriz	ed representat	ive of a memb	er		-