

L18060169560

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BARBOSA LEGAL
Account Number : 120110000049
Phone : (305) 501-4680
Fax Number : (305) 359-9543

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PPDEMATOS@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGJP ADMINISTRATION LLC

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T. CLINE

SEP 24 2018

EXAMINER

H180002759663

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AGJP ADMINISTRATION LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pedro Paulo Matos

Name of Person

Firm/Company

1853 Amberwood Drive

Address

Riverview, FL 33578

City/State and Zip Code

PPDEMATOS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Pedro Paulo Matos

Name of Person

at (206) 250-4083

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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

H180002759663

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AGJP ADMINISTRATION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/13/2018 and assigned Florida document number L18000169560.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and end with the words "Limited Liability 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)

1853 Amberwood Drive

Riverview, FL 33578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1853 Amberwood Drive

Riverview, FL 33578

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: n/a

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luiz Gustavo Vicentini	11309 SW 109 RD, UNIT E	<input type="checkbox"/> Add
		Miami, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 20, 2018

/s/ Pedro Paulo Matos

Signature of a member or authorized representative of a member

Pedro Paulo Matos

Typed or printed name of signee

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Filing Fee: \$25.00