

L19000 005 992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2019

MARK ANDERSON
801 N MAGNOLIA AVE STE 101
ORLANDO, FL 32803

SUBJECT: AG PRO CONTRACTING LLC
Ref. Number: L19000003992

We have received your document for AG PRO CONTRACTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please choose either add, remove or change for anderson family trust must only check one box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 119A00022235

REC-11
19 NOV -4 PM 12:51

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AG Pro Contracting 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:

Mark Anderson

Name of Person

Trade Guardian

Firm/Company

111 North Orange Ave Suite 800

Address

Orlando, FL 32801

City/State and Zip Code

mark@mytradeguardian.com

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

For further information concerning this matter, please call:

Mark Anderson

407

3884450

at (_____) _____

Name of Person

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

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

AG Pro Contracting 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 01/02/2019 and assigned Florida document number L19000003992.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

111 North Orange Ave

Suite 861

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 North Orange Ave

Suite 800

Orlando, FL 32801

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

Name of New Registered Agent:

Trade Guardian

New Registered Office Address:

801 N Magnolia Ave Suite 101

Enter Florida street address

Orlando

City

Florida 32803

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 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 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>	<u>Type of Action</u>
MGR	Jarod Granakos		<input type="checkbox"/> Add
		4530 S Orange Blossom Trail Suite 624 Orlando, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDERSON FAMILY TRUST		<input type="checkbox"/> Add
		4530 S Orange Blossom Trail Suite 624 Orlando, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mark Anderson	111 North Orange Ave Suite 800 Orlando, FL 32801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/1 2019

1 _____ 2019


 Signature of a member or authorized representative of a member

Typed or printed name of signee