119000005533

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
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C. GOLDEN JAN 2 2 2019

COVER LETTER

	legistration Se division of Cor						
SUBJECT	AEG DAB	AR LLC					
SUBJECT	·	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		CARLOS PEREZ					
			Name of Person				
		CPEREZ PROFESSIONA	AL SERVICES INC.				
			Firm/Company				
		4343 W WATAERS AVE					
			Address				
		TAMPA FL 33614					
			City/State and Zip Code				
		CPEREZPROSVCSINC@					
		E-mail address: (to be used for future annual report notif	ication)			
For further	information c	oncerning this matter, please co	all:				
CARLOS	PEREZ		813 249-2300 at ()				
-	Name o	f Person		Telephone Number			
Enclosed is	s 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: 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

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

FILED

AEG DABAR LLC

2019 JAN 14 PM 3: 26

W Or STATE

,	unea maomy Company)	LAHASSEE, FL	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L19000005533</u> .	2019 and assigned		
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 design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7317 SEQUOIA DR	<u> </u>	
Principal office address MUST BE A STREET ADDRES.	TAMPA FL 33637		
Enter new mailing address, if applicable:	7317 SEQUOIA DR	7317 SEQUOIA DR	
Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33637		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r records, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address: 7317 SEQ	UOIA DR		
	Enter Florida s		
TAMPA		, Florida 33637 Zip Code	
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	zent:		

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	GERONIMO SANTIAGO FIGUEROA	7317 SEQUOIA DR	
		TAMPA FL 33637	
			Remove
			Change
			Add
			□ Remove
			□ Change
			□ Remove
			Change
		□ Add	
		□ Remove	
			Change
		Add	
		□ Remove	
			Change
			
			Remove
			Change

	·
	01/07/2019
(If an e <u>Note</u>	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
f the re b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	5m // 2017
	Signature of a member or authorized representative of a member
	g

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Filing Fee: \$25.00