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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	 	

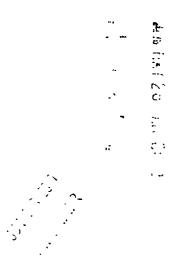
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RECEIVED MAY 2.8 2019



COVER LETTER

TO:

TO:	Registration S Division of Co			•
SUBJE	CT·	AGORA F	SUILDERS LLC ited Liability Company	
., O D		Name of Lim	ited Liability Company	
The enc	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	•
Please 1	etum all corresp	ondence concerning this matter	to the following:	
			Name of Person	
		AGORE	Firm/Company	<u></u>
		1016 TH	OMITS DR #117	
		PANAMA (City/State and Zip Code	52408
		RAINS V 1 E-mail address: (to be used for future annual report noti	fication)
For furt	her information	concerning this matter, please ca	all:	
	RAINS	VEISS	at (<u>786</u>) <u>U68</u> Area Code Daytim	-9080
	Name	or reison	Area Code Dayuni	e retephone (sumoci
		the following amount:		
□ \$25	i.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)
	Regis Divisi P.O. 1	ING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROTR CONSTRU	CTIDN	LIC	S 0
(Name of the Limited Liability Company (A Fiorida Limited Liability Company)	y as it now as ability Compa	ppears on our records.)	3
The Articles of Organization for this Limited Liability Company w Florida document number <u>L190001(932</u> .	vere filed o	n 01/10/20)19_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity compar	<u>ıy here</u> :	
AGORA BUILDERS LCC The new name must be distinguishable and contain the words "Limited Liability			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company,"	the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		v/b-	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		NIK.	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:		s on our records, <u>ent</u>	er the name of the
Name of New Registered Agent.		1/1/	
New Registered Office Address:	Ento	r Florida street address	
	r.nie.	r r ur da sireer adaress	
	City	, Florida	Zin Cods
Non- Degistered Agent's Signature if shorping Degistered Agent	ciù		rap 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 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			□ Remove
			Change
			□ Remove
			Change
		Remove	
		Change	
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	ve date, if other than the date of filing: (optional) ective 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 23 . 2019/
	Signature of a member or authorized representative of a member
	PAIVIS VEISS
	Typed or printed name of signee

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

Page 3 of 3

Filing Fee: \$25.00