L190000 77451

| (Requestor's Name) |
|---|
| |
| (Address) |
| , |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (business chilty Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| enbu-zet | AGA STABLES LL | С | | | | |
|---|---|--------------------------|--------------------------|--|--|--|
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | |
| | o | SVALDO MARTINEZ | | | | |
| | Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy | | | | | |
| | O&J PROFESSIONAL SERVICES INC | | | | | |
| | | | | | | |
| 13550 SW 88 ST STE 150 | | | | | | |
| Address MIAMI FL 33186 City/State and Zip Code OSVALDOEMARTINEZ@AOL.COM | | | | | | |
| | | MIAMI FL 33186 | | | | |
| | | OSVALDOEMARTINEZ@AOL.COM | | | | |
| | | | | | | |
| For further information | | | | | | |
| OSVALDO | MARTINEZ | | | | | |
| Name | of Person | Area Code | Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount: | | | | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of State | | | |
| Regis | | Registratio | | | | |

Division of Corporations
Clinton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AGA STABL | | | | |
|---|---|-------------------------------|-------------------|---------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | nany as it now appears on our records.) (Liability Company) | | | |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000077451</u> . | and | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | | | |
| The new mane must be distinguishable and contain the words "Limited Liab | nility Company," the designation "LLC" or | the abbreviation | m ''L.L.C | |
| Enter new principal offices address, if applicable: | | خارم | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 1-71 | <u>ل</u> این | |
| | | | (<u>7)</u> | makinga. |
| Enter new mailing address, if applicable: | | •. | (B) | <u>, n</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 10: 5 0 | * مور * |
| | | | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address: | - | nter the na | me of | the nev |
| new registered office reduced. | Enter Florida street address | | | |
| - | Florida | | | |
| New Registered Agent's Signature, if changing Registered Agent | City t: | Zip (| 'ode | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | e performance of my duties, and I provided for in Chapter 605, F.S | am familia . Or, if this d | r with a docum | and ent 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 |
|--------------|----------------------|---|----------------|
| MGR | CHRISTOPHER A. HALL. | 7389 NW 47 PLACE LAUDERHILL FL 33319 | Add |
| | | | □ Remove |
| | | | Change |
| | | <u></u> | O Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | Add 28 |
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| . If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| <u> </u> | |
| Effective date, if other than the date of filing: | |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. | of: |
| Dated 7 /9 | |
| | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00