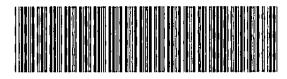
## L19 000 105 256

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## COVER LETTER

TO:	Registration Section of Con			•	•
	AGG PRE	SERVATION LLC	•		
SUBJE	CT:	Name of Lin	nited Liability Company		
The enc	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Clifford M. Ullmann			
			Name of Person		•
		AGG RESTORATION OF	F SOUTHWEST FLORIDA	LLC	
			Firm/Company	<del></del>	-
		7704 18th Ave NW			
			Address		- '
		Bradenton, FL 34209			
			City/State and Zip Code		1)
		cliff@aggrestoration.com	to be used for future annual re		
For furth	ner information o	concerning this matter, please c		port nouncation)	
Clifford	Ullmann		941 256- at ( )	1056	.•
	Name o	f Person	Area Code	Daytime Telephone Number	•
Enclosed	l is a check for t	he following amount:			
<b>■ \$25</b> .	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &
	Mailing Addres		Street Add		
Registration Section Division of Corporations				ion Section of Corporations	
	P.O. Box 632	27	The Cent	re of Tallahassee	
	Tallahassee,	FL 32314	2415 N. I	Monroe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGG PRESERVATION LLC		
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	··
The Articles of Organization for this Limited Liability Florida document number L19000105256	Company were filed on 1/16/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
AGG RESTORATION OF SOUTHWEST FLORIDA LLC	С	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		( -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7.5
B. If amending the registered agent and/or register agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
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 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>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			: Change
			Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change

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ective date, if other than the date of f effective date is listed, the date must be specified. If the date inserted in this block does rument's effective date on the Department	c and cannot be prior to da not meet the applicable	te of filing or more than 90 days statutory filing requirements	, this date will not be listed a
ord specifies a delayed effective date, but filed.	t not an effective time, a	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
ed January 16th	. 2023		
) ////.X&/.X\/		representative of a member	

Filing Fee: \$25.00