

L19000106004

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AAG33, 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:

Alonzo Gee
Name of Person

Firm/Company

7834 Arbor Crest Way
Address

West Palm Beach, FL 33412
City/State and Zip Code

mn@mjnmanagementgrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alonzo Gee at (516) 946-4280
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AAG33, 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 04/17/19 and assigned Florida document number L19000106004.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: N/A

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:

7901 4th St N STE 300 FL 33702, USA

(Principal office address MUST BE A STREET ADDRESS)

ST Petersburg, FL 33702

Enter new mailing address, if applicable:

7901 4th St N STE 300

(Mailing address MAY BE A POST OFFICE BOX)

ST Petersburg, FL 33702

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

Name of New Registered Agent:

Registered Agents Inc.

New Registered Office Address:

7901 4th St N STE 300

Enter Florida street address

ST PETERSBERG

City

Florida 33702

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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL
SECRETARY OF STATE

NH₂

AMBR = Authorized Member

Scenario	Initial State	Final State	Operations
Scenario 1	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 2	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 3	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 4	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 5	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 6	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change
Scenario 7	Initial State	Final State	<input type="checkbox"/> Add
	Initial State	Final State	<input type="checkbox"/> Remove
	Initial State	Final State	<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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

(If an effective 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 8, 2022

Alonzo Goss

Signature of a member or authorized representative of a member

Alonzo Gee

Typed or printed name of signee