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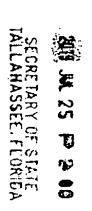
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COVER LETTER

AGAPE IN	WESTORS GROUP, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MARIA L. RIVERA				
	AGAPE INVESTORS GE	Name of Person ROUP, LLC			
	1551 BOULEVARD	Firm/Company			
	JACKSONVILLE, FL32	Address 206			
	agapeinvestors@gmail.com				
	E-mail address: (to be used for future annual report notit	ication)		
	oncerning this matter, please ca				
MARIA L. RIVERA		954 347-4299			
Name of	Person	at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	e 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

TO:

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

AGAPE INVESTORS GROUP, LLC

FILED

(Name of the Limited Liability	Company as it now appears on our r imited Liability Company)	ecords.)	
		4014 74F 53 L. V. AN	
The Articles of Organization for this Limited Liability Cor	mpany were filed on04/23/2019	SECRETARY Dand pagigned	
Florida document number		TALLAHASSEE, FLORIDA	
This amendment is submitted to amend the following:		• • •	
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	ad Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ords, enter the name of the ne	
registered agent and/or the new registered office address	SO HELV.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street a	ddress	
		, Florida	
	City	7ip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dutie nt as provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is	
	TEXT 1	CN D 1	
	If Changing Registered Agent, Signa	ture of New Registered Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA L. RIVERA	1551 BOULEVARD. JACKSONVILLE, FL 32206	□ Add
			Remove
			Change
MGR MARIA L. COLON	1551 BOULEVARD. JACKSONVILLE, FL 32206		
			■ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			☐ Clrange
			Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change

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

JULY 23, 2019
E. Effective date, if other than the date of filing: (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) 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
f 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 July 23 2019.
Signature of a number or authorized representative of a member
EDDRE MAS
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00