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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

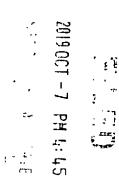
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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	ARTHURG.	MGOODMAN LLC		
001,11011				
The enclosed	l Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Arthur Goodman		
			Name of Person	
		ARTHURGMGOODMAN	LLC	
			Firm/Company	
		49 W Colonial Dr. #2301		
		**	Address	
		Orlando, FL 32801		
			City/State and Zip Code	<del></del>
		hello@arthurgmgoodman.co		
		E-mail address: (t	o be used for future annual report no	otification)
For further in	iformation co	oncerning this matter, please ca	ill:	
Arthur Good	man		407 553-2464 at ()	
Name of Person		Area Code Dayti	me Telephone Number	
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

ARTHURGMGOODMAN LLC

(Name of the Limited Liabi (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 06/18/2019	and assigned
Florida document number L19000160086		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
AGMG LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	or the abbreviation "
Enter new principal offices address, if applicable:		00 TM
(Principal office address MUST BE A STREET ADD	ORESS)	
	-	= :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		rr. <b>0</b> 1
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		s, enter the name of the new
New Registered Office Address:		
	Enter Florida street addres	S.
	City	Zip Cođe
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	at and agree to act in this capacity. I fu complete performance of my duties, a agent as provided for in Chapter 605, red office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature	of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

. . . .

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			☐ Remove
			Change
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			Add
			Remove
			☐ Change
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Effective date, if other than the date of filin	g:		(optional)	
If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of S	d cannot be prior to date meet the applicable st	of filing or more than 9	days after filing.) Pursuant to 6	05.0207 ( sted as t
ne record specifies a delayed effective of The 90th day after the record is filed.		effective time, at	12:01 a.m. on the ear	lier of:
October 4th	2019			
-4-17				
	12			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00