L19000216635

(Danisa da Nagas)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
` <i>,</i>
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(Document Number)
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TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	Division of Corporations		
SUBJECT: Active Inve	stment Management of Florida	ı LLC	
THE		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	David A. Wagner		
		Name of Person	
		Firm/Company	······································
	17652 Passionflower Circl	e Address	
	Clermont, Florida 34714	C'	
		City/State and Zip Code	
	dwagner@activeinvestment E-mail address: (i	imgmt.com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
of turtier morniation ex	oncerning this matter, prease of	••••	
David A. Wagner		at (708) 646-3468	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	- * :
Registration S		Registration Se Division of Cor	
Division of C P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Active Investment Management of Florida, 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 06/27/2019 and assigned Florida document number L19000216635 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Active Investment Management, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida City 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□Add
			Remove
			□Change
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			□Remove
			□Change
			□Add
			□ Remove
			☐ Change

•	
	e date, if other than the date of filing: (optional)
ı effect	ive 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 605.0
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
umen	a selective date on the Department of State's records.
	or and a second of the second
cord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ia micu	•
1	2110/2021
ted	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	David A. Wagner
	Typed or printed name of signee

Filing Fee: \$25.00