Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : E ALEX ORTIZ, CPA, PA

Account Number : I20180000017 Phone : (305)340-2000 Fax Number : (786)953-6246

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AGF SOLUTIONS LLC

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Tallahassee, FL 32314

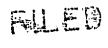
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COVER LETTER

TO:	FO: Registration Section Division of Corporations								
	AGF SOLUTIONS LLC								
SUBJECT: Name of Limited Liability Company									
The en	closed Articles of a	Amendment and fee(s) are subn	nitted for filing.						
		ndence concerning this matter t							
		ALEX ORTIZ, CPA							
			Name of Person						
		E ALEX ORTIZ, CPA, PA							
			Firm/Company						
2727 PONCE DE LEON BLVD									
			Address						
		CORAL GABLES, FL 331	34						
			City/State and Zip Code						
		ALEX@ALEXORTIZCPA							
		·	o be used for future annual report notification)						
For fur	ther information o	oncerning this matter, please co	11:						
ALEX	CORTIZ, CPA	_	at ()						
	Name o	f Person	Area Code Daytime Telepho	one Number					
Enclos	sed is a check for the	he following amount:							
≅ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Regist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DRESS:					

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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AGF SOLUTIONS LLC				= Comp. 1957
(Name of the Limited L (A F	inhility Company Iorida Limited Lial	as it now appears or oility Company)	THE WAY SEE	TEORIUM.
The Articles of Organization for this Limited Liabili Florida document number £19000243964	ity Company we	ere filed on <u>9/27/2</u>	019	_ and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabilit	v company here:	:	
The new name must be distinguishable and contain the words	"Limited Liability	Company," the desig	mation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	21			
(Principal office address MUST BE A STREET A	DDRESS)	<u>, </u>		
	•	-		•
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address here:	ce address on o	ur records, <u>enter t</u>	he nume of the ne
New Registered Office Address:				
		Enter Florida street address		
-		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	City		-,
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the company has been notified in writing of this change in the region of this change in the company has been notified in writing of this change in the	gent and agree and complete p red agent as pr istered office a	erformance of my ovided for in Cha	y duties, and I am fa apter 605, F.S. Or, i	miliar with and f this document is
	If Chang	ing Registered Agen	t, Signature of New Reg	istered Agent
		•		

Page 1 of 3

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
MGR	ROLANDO, VINAY	2727 PONCE DE LEON BLVD CORAL GABLES, FL 33134	₩ Add
			□ Remove
			☐ Change
MGR	CARLOS, AHUMADA		Add
		2727 PONCE DE LEON BLVD CORAL GABLES, FL 33134	Remove
			Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			Change
			O Add
			🗀 Remove
			☐ Change
			☐ Change

Page 3 of 3

Filing Fee: \$25.00