

L19000265252

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : E & F LATIN GROUP LLC
Account Number : 120160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

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

Email Address: Office@eflatinaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGSAMI GROUP LLC

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K. SALY

AUG - 1 2024

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DEPT. OF STATE
DIVISION OF CORPORATIONS

FILED
TALLAHASSEE, FLORIDA

2024 JUL 31 AM 3:45

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGSAMI GROUP 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:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP LLC

Firm Company

1820 N CORPORATE LAKES BLVD, SUITE 109

Address

WESTON, FL 33326

City/State and Zip Code

diego@ellatinaccounting.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO FIGUEROA

954

3848565

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

FILED
2024 JUL 31 AM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AGSAMI GROUP 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 11/05/2019 and assigned Florida document number L19000265252.

This amendment is submitted to amend the following

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

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: 914 MARINA DR
WESTON FL 33327
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 914 MARINA DR
WESTON FL 33327
(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 Zip Code

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PABLO V VILLALBA	914 MARINA DR	<input type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DAIANA C PIERINI	914 MARINA DR	<input type="checkbox"/> Add
		WESTON FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 SECRETARY OF FINANCE
 TALLAHASSEE, FLORIDA

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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 JUL 31 2024
 ..

Diego Figueroa

 Signature of a member or authorized representative of a member

DIEGO FIGUEROA

Typed or printed name of signer