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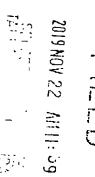
| (Reques                        | tor's Name)            |
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| PICK-UP                        | WAIT MAIL              |
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## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |   |   |
|--------------------------------------|---|---|---|
| AHG Brok                             | terage, LLC                                     |   |   |
| SUBJECT:                             | Name of Lin                                     | aited Liability Company   | <del></del>   |
|                                      | į   | , , ,   |   |
|                                      |   |   |   |
| The enclosed Articles of             | Amendment and fec(s) are sub                    | mitted for filing.  |   |
| Please return all correspondent      | ondence concerning this matter                  | to the following:   |   |
|                                      | Anup Shah                                       |   |   |
|                                      |   | Name of Person  | <u> </u>  |
|                                      | AHG Brokerage, LLC                              |   |   |
|                                      |   | Firm/Company  | 41  |
|                                      | 16335 Meredrew Lane                             |   |   |
|                                      |   | Address   | <del></del>   |
|                                      | Clermont, FL 34711                              |   |   |
|                                      | ashah1127@gmail.com                             | City/State and Zip Code   |   |
|                                      |   | to be used for future annual report noti                            | freation  |
| For further information of           | concerning this matter, please c                | -   | neutron,  |
| Anup Shah                            |   | 407 301-8165  |   |
|                                      | of Person                                       | at ()<br>Area Code Daytime  |   |
| Name                                 | or retson                                       | Area Code Daytim  | e Telephone Number  |
| Enclosed is a check for t            | he following amount:                            |   |   |
| ■ \$25.00 Filing Fee                 | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAIL                                 | JNG ADDRESS:                                    | STREET/COURI  | ER ADDRESS:   |
| Regist                               | ration Section                                  | Registration Section  | n   |
|                                      | on of Corporations fox 6327                     | Division of Corpor<br>Clifton Building                              | rations   |

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AHG Brokerage, LLC  |   |                      |
|---|---|----------------------|
| (Name of the Limited Liability Con (A Florida Limit   | mpany as it now appears on our records.) ted Liability Company) |                      |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number L19000269430             | any were filed on 10/28/2019                                    | and assigned         |
| This amendment is submitted to amend the following:   |   |                      |
| A. If amending name, enter the new name of the limited li   | iability company here:  |                      |
| The new name must be distinguishable and contain the words "Limited Li  | iability Company," the designation "LLC" or the a               | obreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 400   |                      |
| (Principal office address MUST BE A STREET ADDRESS)   | 2   |                      |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                           |   |                      |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |   | the name of the new  |
| Name of New Registered Agent:   |   | . 50                 |
| New Registered Office Address:  |   |                      |
|   | Enter Florida sh eet address                                    | = C                  |
|   | , Florida   | Ziù Cude             |

## 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

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:

|              | Manager<br>Authorized | Member |
|--------------|-----------------------|--------|
| <u>Title</u> | Name                  |        |
|              | Jay Sh                | ab     |

| <u>l itle</u> | <u>Name</u> | Address             | Type of Action |
|---------------|-------------|---------------------|----------------|
| мем           | Jay Shah    | 16335 Meredrew Lane | □ Add          |
|               |             | Clermont, FL 34711  |                |
|               |             |                     | Remove         |
|               |             |                     | Change         |
| мем           | Deep Shah   | 16335 Metedrew Lane |                |
|               |             | Clermont, FL 34711  | Remove         |
|               |             |                     | Remove         |
|               |             |                     | ☐ Change       |
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|  |                                 | ·····                               |   |                                       |   |                                       |
|  | ·                               |                                     |   |                                       |   |                                       |
|  |                                 | 10/28/2019                          |   |                                       |   |                                       |
| ffective date, if other than the can effective date is listed, the date must         | ate of filing                   |                                     |   |                                       | _ (optional)                                  |                                       |
| an effective date is listed, the date must<br>lote: If the date inserted in this blo | se specific and<br>k does not m | cannot be prior<br>neet the applica | to date of filing o<br>able statutory f | or more than 90 d<br>iling requireme  | ays after filing.) Pur<br>nts, this date will | suant to 605,020'<br>not be listed as |
| ocument's effective date on the De   | ortment of S                    | tate's records.                     | ·                                       | •                                     |   |                                       |
|  |                                 |                                     |   |                                       |   |                                       |
| e record specifies a delayed<br>The 90th day after the reco                          | effective d<br>rd is filed.     | ate, but no                         | t an effectiv                           | e time, at 1                          | 2:01 a.m. on 1                                | the earlier o                         |
| ·  |                                 |                                     |   |                                       |   |                                       |
|  | _                               | 2019                                | ÷                                       |                                       |   |                                       |
| ated November 20   |                                 |                                     |   |                                       |   |                                       |
| ated November 20   | <del></del>                     | 7.4.1                               |   |                                       |   |                                       |
| ated   | ignature of a                   | Issault                             | )                                       | tive of a member                      |   |                                       |

Page 3 of 3

Filing Fee: \$25.00

