


 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

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Account Name : MIZELL & MAYS LAW FIRM, P.A.
 Account Number : I20060000056
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 AGAPE INVESTMENTS, LLC**

Certificate of Status	0
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Page Count	03
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2023 JUL 28 PM 2:12

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

2023 JUL 28 PM 6:41

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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AGAPE INVESTMENTS, 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 NOVEMBER 14, 2019 and assigned Florida document number L19000272971.

This amendment is submitted to amend the following:

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

UNCHANGED

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:

UNCHANGED

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

UNCHANGED

(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:

KYLE HOEKSTRA

New Registered Office Address:

24440 TANGELO AVENUE

Enter Florida street address

PUNTA GORDA

Florida 33983

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

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FAX No.

P. 003

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAYMOND HOEKSTRA, JR.	24440 TANGELO AVENUE	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDRA R. HOEKSTRA	24440 TANGELO AVENUE	<input type="checkbox"/> Add
		PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KYLE HOEKSTRA	24440 TANGELO AVENUE	<input checked="" type="checkbox"/> Add
		PUNTA GORDA, FL 33983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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☐ Change

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

E. Effective date, if other than the date of filing: JULY 27, 2023 (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 JULY 27 2023

Rylee Hooker

Signature of a member or authorized representative of a member

KYLE HOEKSTRA

Typed or printed name of signee

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Filing Fee: \$25.00