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	(Document Number)
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# UPCHURCH, BAILEY AND UPCHURCH, P.A.

ATTORNEYS AT LAW Established 1925

780 North Poπce de Leon Boulevard St. Augustine, Florida 32084 www.UBUŁaw.com

> Telephone (904) 829-9066 Facsimile (904) 825-4862

Please reply to: Post Office Drawer 3007 St. Augustine, Florida 32085-3007

August 25, 2020

### VIA FEDERAL EXPRESS Tracking No. 7713 4837 8662

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Amendment to Article of Organization

A AND G MARKET LLC Document No. L19000305725 Our File No. 16248.179341

Dear Madam/Sir:

Enclosed are Articles of Amendment for the above-referenced limited liability corporation, together with our check in the amount of \$25.00 representing the required filing fee.

If you have any questions regarding this transaction, please contact me by phone at (904) 829-9066, or email at cindy@ubulaw.com.

Thank you for your assistance in this matter.

Sincerely,

Cindy Strickland

Assisting Allyson B. Currie

/cs

Enclosures

# **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	A AND G MARKET LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Allyson B. Currie, Esq.				
		Name of Person	<del></del>		
	Upchurch, Bailey and Upc	hurch, P.A.			
		Firm/Company			
	Post Office Drawer 3007				
		Address			
St. Augustine, Florida 32085-2007					
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>		
	andomyos@gmail.com				
	E-mail address: (	to be used for future annual report no	titication)		
For further information	on concerning this matter, please c	all:			
Allyson B. Currie, Es	sq.	904 829-9066			
Nan	ne of Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check to	or the following amount:				
<b>■ \$25.00</b> Filing Fee	: □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>		
<u>Mailing Add</u> Registration Division o		<u>Street Address:</u> Registration Se Division of Co			
P.O. Box (		The Centre of			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2329 AM 2 26 - IM 8: 53

A A	ND G MARKET L	LC		
( <u>Name of the Lim</u>	ited Liability Comp. (A Florida Limited	any as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited I lorida document numberL19000305725	.iability Company	were filed on _	12/16/2019	and assigned
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the limited lial	oility company	here:	
N/A				
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the	designation "LLC" or t	the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)			
nter new mailing address, if applicable:		N/A		
Aailing address MAY BE A POST OFFICE	(BOX)		····	
		<del></del>		
3. If amending the registered agent and/or gent and/or the new registered office address	<b>G</b> .	address on our	records, enter the	name of the new registo
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter F	lorida street address	<del></del> -
			gr	
		City	, Florid	Tip 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>	Address	2020 AUG 26 AG 8: 53	Type of Action
AMBR	ATOSHIM Y. ATOSHIM	216 SOUTH PONC	E DE LEON BOULEVARD	= Add
		ST. AUGUSTINE,	FL 32084	□Remove
				□Change
			· · · · · · · · · · · · · · · · · · ·	🗆 Add
				□Remove
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			<del></del>	□Remove
				□Change

N/A	
	7628 A - 26 AH 0: 53
	August 12, 2020
fective date, if other than the da	te of filing: (optional)
in effective date is fisted, the date must be	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 does not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Depart	
ecord specifies a delayed effective di is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is tricu.	Aug 24
is filed.  ned	2020
ned TM///////////////	
9,111	
CHAMILEN	
Sig	nature of a member or authorized representative of a member

Filing Fee: \$25.00