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(I	Requestor's Name)	
	Address)	
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PICK-UP	WAIT	MAIL
	Business Entity Name)	
(business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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JUN 25 2020

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Nakia Samuel		
		Name of Person	
	AGS Multipurpose Center,	LLC	
	-	Firm/Company	
	2716 W Oakland Park Blv	d	
		Address	
	Oakland Park, FL 33311		
		City/State and Zip Code	·
	eventsags0@gmail.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Nakia Samuel		954 553-3355	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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

Registration Section
Division of Corporations

TO:

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

2020 JUNE 11 FI 5: 28

AGS Multipurpose Center, 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 May 21, 20	20 and assigned
Florida document number 1.20000138944		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
A Good Shepherd's Multipurpose Center, LLC		<u></u>
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:	Enter Florida street	t address
	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

	Authorized Member	2020 JULI 1 1 5:	On Type of Action
<u>Title</u>	Name		28 Type of Action
AMBR	Connie McGirt	2716 W. Oakland Park Blvd	□ Add
		Oakland Park, FL 33311	≣Remove
			□Change
MGR	Dwayne A. Sheppard, Sr.	2716 W. Oakland Park Blvd	≡ Add
		Oakland Park, FL 33311	□Remove
			□ Change
MGR	Victoria Sheppard	2716 W. Oakland Park Blvd	□Add
		Oakland Park, FL 33311	□ Remove
			= Change
MGR	Nakia Samuel	2716 W. Oakland Park Blvd	□Add
		Oakland Park, FL 33311	□Remove
			Change
MGR	Katrina Brimberry-Hamilton	2716 W. Oakland Park Blvd	□Add
		Oakland Park, FL 33311	□Remove
			Change
			□Remove
			Change

Page 2 of 3

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	specifies a c day after t			e, but not	an effec	ctive time	e, at 12:0)1 a.m. o	n the earli	er of:
June 8 Dated	, 1		20	020						
Jaica		1				\				
	`~\/		<u></u>			<i></i>				
		Signa	iture of a mem	ber or autho	rized repres	entative of a	member			
		-			•					
	akia Samuel	-			·					