

LRC 000138944

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

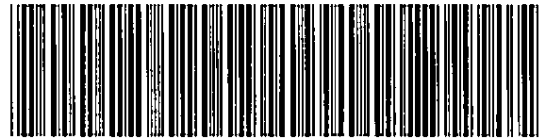
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400345416864

2020 JUN 11 PM 5:28

06/11/20--01016--022 \*\*60.00

O SIDA CNS

JUN 25 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGS Multipurpose Center, 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:

Nakia Samuel

\_\_\_\_\_  
Name of Person

AGS Multipurpose Center, LLC

\_\_\_\_\_  
Firm/Company

2716 W Oakland Park Blvd

\_\_\_\_\_  
Address

Oakland Park, FL 33311

\_\_\_\_\_  
City/State and Zip Code

eventsags0@gmail.com

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

For further information concerning this matter, please call:

Nakia Samuel

954 553-3355  
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

2020 JUN 11 PM 5:28

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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:

MGR = Manager

AMBR = Authorized Member

2020 JUL 11 11:5:28

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Connie McGirt	2716 W. Oakland Park Blvd	<input type="checkbox"/> Add
		Oakland Park, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dwayne A. Sheppard, Sr.	2716 W. Oakland Park Blvd	<input checked="" type="checkbox"/> Add
		Oakland Park, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Victoria Sheppard	2716 W. Oakland Park Blvd	<input type="checkbox"/> Add
		Oakland Park, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Nakia Samuel	2716 W. Oakland Park Blvd	<input type="checkbox"/> Add
		Oakland Park, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Katrina Brimberry-Hamilton	2716 W. Oakland Park Blvd	<input type="checkbox"/> Add
		Oakland Park, FL 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JUN 11 PM 5:28

**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 June 8 2020

Signature of a member or authorized representative of a member

**Nakia Samuel**

Typed or printed name of signee