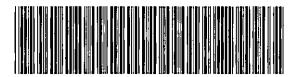
## K20000145405

I.		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	JM GAVIA. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	ري.
			12. 699
	RACHEL DADIA		
		Name of Person	
	AG AURUM GAVIA, LL	С	2022 JUL 11 AM 9: 116
		Firm/Company	# 9: n8
	600 NE 185TH ST		71111
		Address	<del></del>
	MIAMI, FL 33179		
	<del></del>	City/State and Zip Code	
	E mail addraw (	to be used for future annual report noti	(Sourtian)
For further information	concerning this matter, please c		cuiton)
RACHEL DADIA		954 274-6599	
Name	of Person	at () Area Code Daytim	ne 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 Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG AURUM GAVIA, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on or a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{05/28/20}{1}$	20 and assigned
Florida document number 1.20000145405	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
AGI HOME IMPROVEMENT LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		T. 20
(Principal office address MUST BE A STREET ADDI	RESS)	
		43. =
Enter new mailing address, if applicable:		10,
		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on our record	s, enter the name of the new register
New Registered Office Address:	Enter Florida stre	nt address
	The state of the s	
	City	Florida Zip Code
	Cus	zip Couc

## 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	Type of Action
MGR	YOSEPH НАМО	20904 LEEWARD CT UNIT#225	<b>=</b> Add
		AVENTURA,FL 33180	□Remove
			— □Add
			Remove
			☐ Change
			□Remove
			□Change
			□Remove
			🗀 Change
			□Add
		Remove	
	<del></del>		
		Remove	

Signature of a member or authorized representative of a member

Typed or printed name of signee

RACHEL DADIA