LZ0000160829

(Requestor's Name)		
(Ad	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	usiness Entity Nar	me)
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COVER LETTER

Registration Section

TO:

Division of Corporations				
	NVESTMENTS, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Miguel Armenteros			
	Name of Person			
	Annesser Armenteros, PL	LC		
	 	Firm/Company		
	2525 Ponce de Leon Blvd	; Suite 625		
		Address		
	Coral Gables, FL 33134			
		City/State and Zip Code		
	miguel@aa-firm.com E-mail address: (to be used for future annual report no	otification)	
For further information of	oncerning this matter, please c	all:		
Miguel Armenteros		786 600-7446		
Name o	f Person		me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Malling Addres	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22000. - 1 31 7:31

AG FLA INVESTMENTS, LLC

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

Florida document number L20000160829	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	4222 W 16th Ave
(Principal office address MUST BE A STREET ADDRESS)	Hialcah, FL 33012
Enter new mailing address, if applicable:	4222 W 16th Ave
(Mailing address MAY BE A POST OFFICE BOX)	Hialeah, FL 33012
agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	address on our records, enter the name of the new registered Enter Florida street address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida

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 = M $AMBR = A$	anager uthorized Member	- W 7.01	
<u>Title</u>	Name	17/3 Of -5 AM 7:31 Address	Type of Action
			□Add
			□Remove
			□ Change
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If amending any other information, enter change(
	2.2000 -3 30 7:31
	
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Effective date, if other than the date of filing:	(antional)
If an effective date is listed, the date must be specific and cannot be	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be listed as t
document's effective date on the Department of State's re	
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e record specifies a delayed effective daye√bu∫ no√an effe	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
October 2, // 2020	
Dated October 2, 1/1/1/ 2020	'
V / / A	
$\bigwedge / \bigwedge / \bigwedge$	
Signature of a member	or authorized representative of a member
Miguel Armenteros, Esq.	
-	
Typed o	or printed name of signee

Filing Fee: \$25.00