## L20000203386

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Series A Ag	ency, CC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		A Agency, L	<u> </u>
	1672 H	canopy Ave	
	Miami	FL 33133 City/State and Zip Code	23
	E-mail address: (	to be used for future annual report noti	ication)
For further information c	oncerning this matter, please ca		
Sic B	Ooly Person	at ( <u>\$16</u> ) <u>47)-</u> Area Code Daytim	Color
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jeries H F	Agency LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	property as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2000203386</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited li	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Miani, FL 33133
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Miani, 7C 33133
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	11. Stopher Apre
New Registered Office Address:	72 Mcanopy Ave Enter Florida street address
لنر	Florida 33133 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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the date inserted in this block does no	ot meet the applicable s		
's effective date on the Department of	of State's records.		
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i I	tive date is listed, the date must be specific the date inserted in this block does n	the date inserted in this block does not meet the applicable s	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. The date inserted in this block does not meet the applicable statutory filing requirement