## L20000248327

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(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
AGR INVI	ESTMENT CONSULTING, LI	,		
SUBJECT:				
30b/ile ( :	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
	ndence concerning this matter			
	ANDY GABRIEL RIERA	<b>A</b>		
		Name of Person	<del></del>	
		Firm/Company		
	6070 W 19TH AVE UNIT			
		Address	<u>.</u>	
	HIALEAH, FL 33012			
	AGR.INVESTMENT.COM	City/State and Zip Code SSULTING@GMAIL.COM		
	E-mail address: (	to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
ANDY GABRIEL RIERA		786 385-3045		
Name o	f Person	at () Area Code Dayti	me Telephone Number	
		·		
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 Addres		Street Address:	oction.	
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	/	<u> </u>	<u>a: a l</u>
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now app a Limited Liability Company	ears on <u>our récords.</u> ) '	• • •
The Articles of Organization for this Limited Liability C Florida document number <u>L20000248327</u>	Company were filed on .		and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company	here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Staning data ess SEAT BE A 1 031 011 ICE BOXY			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 1	lorida street address	
	·	Floric	la Zip Code
	City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

AGR INVESTMENT CONSULTING TEC.

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 2.25 27 [69	3 Type of Action
AMBR	JORGE MARCELO RIERA	6070 W 19TH AVE, UNIT 105, HIALEAH, FL 33012	<b>≣</b> Add
			□Change
			□Add
			□Remove
			□Change
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		<del></del>	□Remove
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sec. 33 / 115:31 08/26/2020 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. WEDNESDAY, AUGUST 26TH 2020 Dated \_\_\_\_ Signature of a member or authorized representative of a member

1111 E C35 04

ANDY GABRIEL RIERA

Typed or printed name of signee