## 120000249135

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Tribe of Ag			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter	<u>-</u>	
rease recan an derrespe	ndente concerning and make		
	Karla Judith Ramos		
		Name of Person	
	Tribe of Agile		
		Firm/Company	,
	12420 SW 105 Avenue		
		Address	
	Miami, FL 33176		
		City/State and Zip Code	
	karla@tribeofagile.com  E-mail address: ()	to be used for future annual report n	otification)
For further information c	oncerning this matter, please ca		
Karla Judith Ramos		305 978-5538	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	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	is:	Street Address:	
Registration S	Section	Registration S	
Division of C P.O. Box 632		Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tribe of Agile, LLC			
( <u>Name</u> of the <u>Limite</u>	d Liability Compa A Florida Limited 1	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Lia	ability Company	were filed on 8/14/2020	and assigned
Florida document number 1.20000249135			
This amendment is submitted to amend the follo	wing:		2020 01
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:	FILE P
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation LLC."
Enter new principal offices address, if applica			
( <u>Principal office address MUST BE A STREE)</u>	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12518 NW 11 Lane Miami, FL 33182	
B. If amending the registered agent and/or re agent and/or the new registered office address	s here:		ter the name of the new registered
Name of New Registered Agent:	Karla Judith Ra	imos	
New Registered Office Address:			
		Enter Florida street ad	dress
			. Florida
		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>	<u>Address</u>	Type of Action
MGR	Karla Judith Ramos		
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			□ Add 2020 OCT 2 PH
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			Change
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	ne date must be spee I in this block doe	ific and cannot s not meet the	applicable st			<b>nal)</b> filing.) Pursuant to 605,0207 (3 date will not be listed as th
the record specifies a delaye cord is filed.	ed effective date, b	out not an effe	ctive time, at	12:01 a.m. on	he earlier of: (b)	The 90th day after the
Dated October 12		2020	)			
Dated	11	// //	7			

Typed or printed name of signee