## K20000337332

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## **COVER LETTER**

TO: Registration S Division of Co		
AG		
SUBJECT:	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	MAUD POUDAT	
		Name of Person
	VAZQUEZ & POUDAT.	PLLC
Firm/Company		Firm/Company
	PO BOX 3469	
Address		Address
	ORLANDO, FL 32802	
		City/State and Zip Code
		ON.COM; LUDINAC73@GMAIL.COM
For further information of	E-mail address: ( concerning this matter, please o	ON.COM; LUDINAC73@GMAIL.COM  (to be used for future annual report notification)  Tall:
MAUD POUDAT		407 674-6968
Name o	f Person	at (407 674-6968  Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Section
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee
Tallahassee, l		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGAPE MED, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our relorida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabil Florida document number L20000337332	ity Company were filed on 10/23/2020	and assigned
Florida document number	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	SEC
		A SE
		27 2
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, <u>en</u> ere:	ter the name of the new Yegistered
agent and/or the new registered writer address ne	····	
Name of New Registered Agent:		
Name of New Registered Figure.		(1)
New Registered Office Address:	Enter Florida street ad	
	±	
_	City	, Florida 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

Zoho Sign Document ID: FOMMCQZIFOH5XQI3DMWOPLNQWQ77VZ4UZ8SKNQZIYR4

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
AMBR	AGAPE VENTURE	15425 BAY VISTA DRIVE	<b>=</b> Add
		CLERMONT, FL 34714	□ Remove
			Change
AMBR	DINA B. LAGARDE	15425 BAY VISTA DRIVE	■Add
		CLERMONT, FL 34714	□Remove
			Change
MGR	DINA LAGARDE	15425 BAY VISTA DRIVE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		CLERMONT, FL 34714	<b>≡</b> Remove
			□ Change
			Add 2022 SEEP 2 COMMAND OF STALLAHASSEE
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If an effective date is Note: If the date i	other than the date of fil listed, the date must be specific nserted in this block does no ve date on the Department of	and cannot be prior of meet the applica	able statutory fi	more than 90 days a	otional) Aer filing.) Pursuan This date will not	t to 605.0 be listed	207 (3 I as th
e record specifies a rd is filed.	delayed effective date, but	not an effective tii	me, at 12:01 a.n	n. on the earlier of:	(b) The 90th da	ay after t	he
Dated	AUGUST 14	2022	·	1			
	Signature o	f a member or autho				<del>_</del>	
	LUC LAGARDI	e					
			d name of signed				

Filing Fee: \$25.00