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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AG Mentalit	Y LLC nifed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Angelo	a Giambrone Name of Person	<u> </u>
		Firm/Company	
	<u>5740</u>	rbor Club Way Address	Apt-8
	_ Boca R	City/State and Zip Code	33
	<u>Ongela.g</u> E-mail address)	i ambonno e ama to be used for future annual report notif	il, Com
For further information of	oncerning this matter, please ca	V	
Anyela (TI ambrone f Person	at (<u>609</u>) <u>639-</u> Area Code Daytime	- 403 S 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	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AG	mentality LC		
(Name of the Limited	I Liability Company as troow appears of Florida Limited Liability Company)	п our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>LZ000037</u> 1		ov 25 2020	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here	:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the design	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)	·	. 24
			SER
			16 E
Enter new mailing address, if applicable:		<u>.</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	•••	50. 10. 10.
			<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address		rds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Angela Giamk	onne	
Name of New Registered Agent: Angela Giambrone New Registered Office Address: 5740 Arbor Club Way Enter Florida street address			8
	Boea Raton	. Florida	33433
	City	,	Zip Code
New Registered Agent's Signature, if changing Ret	pistered 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 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
		·	∐Add
			□Remove
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