# L21000191852

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# **COVER LETTER**

	istration Sec ision of Corp		•	v.		
	AGS MAIN	TENANCE LLC		ř		
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	l Articles of Z	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		ARNALDO GONZALEZ				
			Name of Person	, <del></del>		
		AGS MAINTENANCE LI	.C			
			Firm/Company			
		970 UMBRIA LN				
			Address		\	
		SAINT CLOUD, FL 3477	1		F	<b>"</b>
		-	City/State and Zip Code		2621	
		AGSMAINTNANCE@GM			· 	.7
		E-mail address: (	to be used for future annual report notification	ation)	20	
For further is	nformation co	oncerning this matter, please ca	all:			7
ARNALDO	GONZALEZ	<u>,                                    </u>	321 442-2410 at ()		> <u>-</u>	)
	Name of	Person	Area Code Daytime 1	'elephone Number	<u> </u>	
Enclosed is	a check for th	e following amount:				
<b>\$</b> \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGS MAINTENANCE LLC			
(Name of the Limi	ted Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited I Florida document number 1.21000191852	iability Company wo	ere filed on 04/26/2021	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
	-		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
	-	<del></del>	<u></u>
B. If amending the registered agent and/or	registered office add	dress on our records, enter the	e name of the new register
agent and/or the new registered office addre	ess bere:		第一月
Name of New Registered Agent:	TORRACA BUSI	NESS DEVELOPMENT, INC	29
New Registered Office Address:	8815 CONROY V	VINDERMERE RD #238	> :1 = 7_
The state of the s	-	Enter Florida street address	. 27
	ORLANDO	, Flori	da 32835
		City	Zin Cryte

## 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 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
AP	TANIA SANCHEZ	970 UMBRIA LANE	□Add
		SAINT CLOUD, FL 34771	≡Remove
			□ Change
MGRM	ARNALDO GONZALEZ	970 UMBRIA LANE	<b>=</b> Add
		SAINT CLOUD, FL 34771	□Remove
			□Change
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te: If the date inserted in this	block does not meet the applicable sta	tutory filing requirements, this	date will not be listed a
union s'effective date on me	Department of State's records,		
cord specifies a delayed effec	tive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
s filed.		` ,	
JUNE 22	2021		
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cd		}	
ed	Signature of a member or authorized pe		