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Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	
Name NA		
NAME NA W21000059119		

Office Use Only



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AGA LEGACY Lil.C.
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
4039 Duke Firth St. Land O Lakes FL Land O Lakes, FL 34638
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Christina Colstotato
Name 1 / 2 0 F
7039 Duke Hith St.
Florida street address (P.O. Box NOT acceptable)
Land O'Lakes, FL 34638
City State Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Ref# W2/0000591/9

<u>'itle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager	Or all Arela	
AMBR /MGR	(Ihristina Cristotaro	
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	Land 0' Lakes, FL 34638	
	24638°	
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Use attachment if necessary) V: Effective date, if other than the detive date is listed, the date must be foling.)	ate of filing: $3-25-2021$ (OPTIONAL) specific and cannot be more than five business days prior to or	5/r 90 days
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EVI: Other provisions, if any. REQUIRED SIGNATURE	tha Wthat we are an authorized representative of a member.	
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REOUIRED SIGNATURE: Signature of a This document is excelled.	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b), Florida Status aise information submitted in a document to the Department of Status	es.
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ARTICLE IV-

Rof #W 210000 59119



April 30, 2021

CHRISTINA CRISTOFARO 4039 DUKE FIRTH ST LAND O LAKES, FL 34638

SUBJECT: AGAPE LLC

Ref. Number: W21000059119

New name: AGA Legacy L.L.C.

We have received your document for AGAPE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris Regulatory Specialist II

Letter Number: 221A00008977

Fox 850-617-6381

D. D. DOV 0207 Wellshagers Florida 99214