人2100039134千

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	-
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	us
· ——	
	1
Special Instructions to Filing Officer:	
	ļ
<u></u>	

Office Use Only



000375721950

10/29/21--01011--010 **25.00

2021 OCT 29 PM 12: 35

WALLAND, SEE TH ORIGH

COVER LETTER

	istration Se sion of Gor			. •
our reem	Agile Grou	p Realty LLC		•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Nick Parrinello		
			Name of Person	
		Agile Group Realty	Name of Person Name of Person Y Firm/Company Address City/State and Zip Code y.com (ddress: (to be used for future annual report notification) please call: at (\frac{813}{Area Code}) \frac{997-6439}{Daytime Telephone} e & \Bigci \$55.00 Filing Fee & \Bigci \$64 Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
			Firm/Company	
		15343 Amberly Dr		
			Address	
		Tampa, FL 33647		
			City/State and Zip Code	
		info@casafinarealty.com		
				cation)
For further in	formation co	oncerning this matter, please c	all:	
Matthew Bro	ookens			
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				tion
_	•		-	
P.O	. Box 632	7	The Centre of Ta	allahassee
Agile Group Realty Firm/Company 15343 Amberly Dr Address Tampa, FL 33647 City/State and Zip Code info@casaftinarealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew Brookens Name of Person Agile Group Realty Firm/Company Address Tampa, FL 33647 City/State and Zip Code info@casaftinarealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew Brookens Name of Person Agile Group Realty Firm/Company Forderss Tampa, FL 33647 City/State and Zip Code info@casaftinarealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Certificate of Person Agile Group Realty Firm/Company Address: Street Address: Street Address:	Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agile Group Realty LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000391347</u>	were filed on 9/1/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15343 Amberly Dr	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33647	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15343 Amberly Dr Tampa, FL 33647	202
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter th	ार्च । इस्तर्य नह ी
Name of New Registered Agent:	. <u></u>	H 12: 6
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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>	Address	Type of Action
PRES	Jef Bartilucci	17619 Archland Pass Rd	□Add
		Lutz. FL 33558	■Remove
			☐ Change
MGR	Nick Parrinello	15343 Amberly Dr	€ Add
		Tampa, FL 33647	Remove
			_ □Change
			□Add
			7021900ve
			☐ GERemove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

-								
				<u>. </u>		-		
							. <u>.</u>	
								
	_						_	
			_				<u>.</u>	
						<u>. </u>		
							Ž4.	2021
							<u> </u>	1 001
							HA.S.	<u> </u>
							<i>5</i> ×	99
							TT: ""	
							<u></u>	<u>2</u> ;
ffective date	, if other than	n the date of fi	ling:			(optional		CO
<u>iote:</u> If the di	ate inserted in th	te must be specific his block does n	ot meet the app	olicable statuto	ry filing require	ements, this date	e will not	be listed a
ocument's ef	lective date on t	the Department of	of State's recor	ds.				
record specif Lis filed.	es a delayed eff	fective date, but	not an effective	e time, at 12:0	l a.m. on the ea	irlier of: (b) T	he 90th di	ay after the
i is theu.								
Octobe	r 25		2021					
ated		-	_ ·	 ·				
		Signature o	f a member or at	nthorized repres	entative of a men	pher		

Filing Fee: \$25.00