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T. MATTHEWS

JAN 1 2 2022

COVER LETTER

TO: Registratio Division of	n Section Corporations		
SUBJECT:	· · ·		
•	Name of Li	mited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
	Gabriel Bove		
	Aglantic Investeo, LLC Firm/Company 354 Royal Tern Rd S. Address Ponte Vedra, FL 32082 City/State and Zip Code emily@bovecompany.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: 1 Bove 904 219-9095 at (
	Aglantic Investco, LLC		
	* · · · · · · · · · · · · · · · · · · ·	Firm/Company	
	354 Royal Tern Rd S.		
		Address	
	Ponte Vedru, FL 32082		
	emily@bovecompany.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report noti	fication)
For further information	n concerning this matter, please of	call:	
Gabriel Bove		904 219-9095	
N-	CD		
(Nan)	ic of Person	Area Code Daytime	a Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	<u> </u>	Certified Copy	Certificate of Status & Certified Copy

TO:

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

Street Address:
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

22 JULY -3 PM 3: 15 Aglantic Holdco, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ____ and assigned Florida document number __L21000510645 This amendment is submitted to amend the following: 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ____

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
MGR	Brett Gelsomino	4200 SW 131ST AVENUE DAVIE, FL 33330	
			Remove
			Change
			□Add
			□Remove
			Change
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D. If amending any other inform				
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	12/21/21			
E. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	work aces not meet me abbi	icable statutory filing re	(optional) than 90 days after filing.) Purs quirements, this date will a	nuant to 605.0207 (3)(tonot be listed as the
f the record specifies a delayed effecti ecord is filed.	ve date, but not an effective	time, at 12:01 a.m. on the	he earlier of: (b) The 90tl	h day after the
December 21st	2021			
Dated	 -	·		
	Gru a	Box		
	Signature of a member or aut	horized representative of a	member	
Gabriel Bove				
	Typed or prin	ited name of signee		