From: Sylvia Pa

3/31/22, 8:51 AM

Division of Corporations

Florida Department of State Division of Constrations Electronic Filing Cover Sheet

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Page: 3 of 6

COVER LETTER

TO:	Registration So Division of Cor		:	
SERIE	AGUTE L	LC		
OO BOL		Name of Limi	ted Liability Company	
		Amendment and fee(s) are subt		
Please re	eturn all correspo	ondence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
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For furtl	ner information of	concerning this matter, please ca	ıll:	
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	Name o	of Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he 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 ADDRESS: Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Page: 4 of 6

LegalZoom.com, Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGUTE LLC		
(Name of the Limited I	iability Company as it now appears on our records,) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number 1.22000014308	lity Company were filed on 01/06/2022	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter	the name of the new
New Registered Office Address:		-
New Negistered Office Address.	Enter Florida street address , Florida	AM CO
-	Cuy	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	. · · · · · · · · · · · · · · · · · · ·
provisions of all statutes relative to the proper of accept the obligations of my position as register	gent and agree to act in this capacity. I further ay ind complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the li inge.	familiar with and , if this document is

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

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
AMBR	SOMPOTAN, SOMPOTAN	282 MANOR LANE	
		ST. JOHNS. Ft. 32259	
			-
AMBR	SOMPOTAN, STEPHANIE	282 MANOR LANE	Change
AWIDK		ST. JOHNS, FL 32259	Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			🗅 Add
			☐ Remove
			□ Change

18506176383	Page: 6 of 6	2022-03-31 06:52:31 PDT	LegalZoom.com, Inc.	From: Sylv
D. It amending	any other intormation, ent	er change(s) here: (Attach addition	ual sheets, if necessary.)	
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E. Effective dat	e, if other than the date of	filing:	(optional)	6 0207 (2)/
Note: If the d	ate is listed, the date must be specifiate inserted in this block does fective date on the Departmen	not meet the applicable statutory filing	requirements, this date will not be list	ted as the
(b) The 90th	day after the record is fi		ne, at 12:01 a.m. on the earli	ier of:
Dated	03/21	1. 2022.		
	Signature	of a member or authorized representative o	t a member	
NIL	MMY SOMPOTAN			
		Typed or printed name of signee	_	

Page 3 of 3

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