

122000298586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

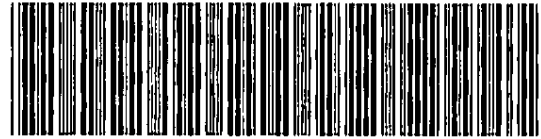
(Business Entity Name)

(Document Number)

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2022 AUG 23 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

TO: Registration Section  
Division of Corporations

SUBJECT: AGENXY LLC or Agenxy LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nadia Mendoza  
Name of Person

THIS IS THE END LLC  
Firm/Company

2121 Biscayne Blvd #1607  
Address

Miami FL 33137  
City/State and Zip Code

chin@agenxy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Maldonado (Assistant) at (813) 484-9834  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION  
OF

AGENIXY LLC or Agency LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/05/2022 and assigned Florida document number L22000298586

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2121 Biscayne Blvd  
#1607  
Miami, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2121 Biscayne Blvd  
#1607  
Miami, FL 33137

**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:

THIS IS THE END LLC

New Registered Office Address:

2121 Biscayne Blvd #1607  
Enter Florida street address  
Miami, Florida 33137  
City Zip

**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

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FL  
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MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dillon, Shamoun	851 NE 1st Ave	<input type="checkbox"/> Add
		3805	<input checked="" type="checkbox"/> Remove
		Miami FL 33132	<input type="checkbox"/> Change
<del>AMBR</del>			<del><input type="checkbox"/> Add</del>
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	This Is The End LLC	2121 Biscayne Blvd	<input checked="" type="checkbox"/> Add
		#1607	<input type="checkbox"/> Remove
		Miami FL 33137	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: Upon Receiving This Notice. (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 11<sup>th</sup>, 2022.

Nadia Mendoza  
Signature of a member or authorized representative of a member

Nadia Mendoza  
Typed or printed name of signee