

L220000387508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

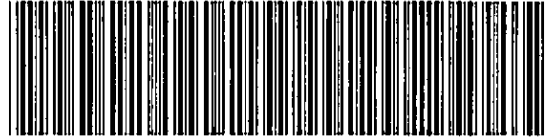
(Business Entity Name)

(Document Number)

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09/29/22--01013--003 \*\*25.00

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SEP 29 AM 11:57  
CORRECTIONS



# WATSON MUNDORFF

WATSON MUNDORFF WITT DIETZ GANNON & GORDON

ATTORNEYS AT LAW

TO: Florida Department of State  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

PRIORITY MAIL

To save time, we have taken the liberty of sending the enclosed without a formal cover letter.

- ☐ The enclosed is the information you requested.
- ☐ This information is for your review and/or for your files.
- ☐ Please review the enclosed and call me.
- ☐ Please sign the enclosed on the lines indicated and return to us.  
Your signature is required in \_\_\_\_\_ place(s).  
A self-addressed pre-stamped envelope is enclosed for your convenience.
- ☐ Please sign the enclosed Credit Card Payment Form and mail it to us in the self-addressed pre-stamped envelope. Your receipt for payment is also enclosed.
- ☐ Enclosed is the original recorded deed to the property you recently acquired.
- ☐ Enclosed is the original recorded mortgage.
- ☒ Please record/file the enclosed document. – Cover Letter and Articles of Amendment for AGZ Enterprises, LLC for filing along with our check in the amount of \$25.00 and a self-addressed, pre-stamped envelope. Please return a filed copy to our office. Thank you.
- ☐ A hearing has been scheduled for: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place: \_\_\_\_\_
- ☐ Other Comments: \_\_\_\_\_

Date: 9/23/22

Signature: Timothy J. Witt

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AGZ ENTERPRISES, 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:

Aaron G. Zolbrod

\_\_\_\_\_  
Name of Person

AGZ ENTERPRISES, LLC

\_\_\_\_\_  
Firm/Company

121 Newport Drive

\_\_\_\_\_  
Address

Naples, FL 34114

\_\_\_\_\_  
City/State and Zip Code

aaron@getyourbestplan.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron G. Zolbrod

724 812-1191  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AGZ ENTERPRISES, 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 September 02, 2022 and assigned  
Florida document number L22000387508.

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 "L.L.C."

**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

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jamie C. Longo	121 Newport Drive	<input checked="" type="checkbox"/> Add
		Naples, FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ST. JOHN'S UNIVERSITY  
OFFICE OF THE REGISTRAR  
2901 N. MIAMI AVE.  
SUITE 200  
MIAMI, FL 33137  
PH: 305.556.1557  
FAX: 305.556.1558  
WWW.STJOHNS.EDU

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

N/A

SEP 29 AM 1:57

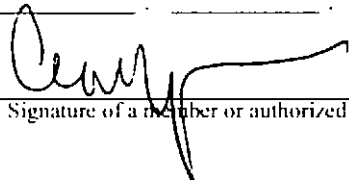
E. Effective date, if other than the date of filing: N/A (optional)

(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.) Pursuant to 605.0207 (3)(b)

**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 September 19, 2022

  
Signature of a member or authorized representative of a member

Aaron G. Zolbrod

Typed or printed name of signee

Filing Fee: \$25.00