132000 397 98 I

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS FEB - 2 2023



100395487471

10/18/22--01024--008 **30.80





January 10, 2023

ANGELA GARCIA 9507 TOCOBAGA PL. RIVERVIEW, FL 33578

SUBJECT: AGGELOS GLOBAL LLC

Ref. Number: L22000397981

We have received your document for AGGELOS GLOBAL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

re3 - 1 7023

Ţ.,:

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 023A00000667

, , , , , , , ,

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Aggeso	5 Global ited Liability Company	77C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ang	Wlane of Person	· ~~
		Firm/Company	
	9507 toco	baga PL	
	River	View 33578	3
	0000000	to be used for future annual report not	amail com
For further information c	oncerning this matter, please ca	aff:	
Name o	2 Jarcia _	at (<u>857</u>) _ <u>2004</u> Area Code — Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy cadditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aggeros	Gobar IIC
(<u>Name of the Limited Liabil</u> (A Florid	ity Chmpany as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7.55 7.55
	THE PUT
	d office address on our records, enter the name of the ne
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Negistered Agent.	<u> </u>
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zin 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>AMB</u> R	angela Jancia	9507 toodbaga P. Rivery	1003267B1210
			□Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			UChange
			□Add
			□Remove
			□Add
			□Remove
	 		□Add
		□Remove	
			5 7 (1)

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
F Effort	tive date, if other than the date of filing:
(If an et <u>Note:</u>	Tective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
record is f	
Dated	Signature of a member or authorized representative of a member
	CARCOS OMANA
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00