L22000493559

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COVER LETTER

Division of Cor			
SUBJECT: AGN18 LL			
50/b010,1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Alec G. Neu		
		Name of Person	
	Real Estate		
		Firm/Company	···-
	3123 Raven Rd		
		Address	
	Orlando, FL 32803		
	Maganau 18@amail.a	City/State and Zip Code	
	Alecgneu18@gmail.com E-mail address: (t	to be used for future annual report no	tification)
For further information e	oncerning this matter, please ca	all:	
Alec G. Neu		317 258 3080	
Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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	<u>s:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

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Tallahassee, FL 32314

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

AGN18 LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Compa	any were filed on 11/18/2022	and assigned		
Florida document number L22000493559				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited b	iability company here:			
Alec Neu LLC				
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the a	obreviation "L.L.C."		
Enter new principal offices address, if applicable:	300 S Orange Ave Orlando, FL 32801			
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>			
	3123 Raven Rd Orlando, FL 32803			
Enter new mailing address, if applicable:	5725 Kaven Ka Offanav, 11. 52605	*		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the nan	••		
•		3		
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

It 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 Title Name Address Type of Action ______ □Change ______ ☐Change □Remove _____ □Change ______ □Remove ______ □Add _____ □Remove

_____ □Add ______ □Remove

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ective date, if other than the effective date is listed, the date mate: If the date inserted in this burnent's effective date on the I	dock does not n	neet the applica	ble statutory film	ng requirements, th	is date will not be l	605,0207 isted as
record specifies a delaye he 90th day after the re	d effective coord is filed.	late, but not	an effective	time, at 12:01	a.m. on the ear	lier of
February 20		2024				
1/1		7	<u> </u>			
///						
	Signature of a t	nember or author	rized representative	e of a member		

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Filing Fee: \$25.00