## L23000196203

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Fflorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

AG OUTDOOR SERVICES LLC	
Please Debit FCA00000003 For: 25	
Thank you Seth Neeley	
Thank you setti Neeley	
Sty	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	X Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сегі. Сору
	* Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

TO:

Registration Section Division of Corporations

AG OUTDO	OOR SERVICES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	albert corey		
		Name of Person	
	corey		
		Firm/Company	····
	1800 w 68 st suite 118		
		Address	
	hialeah fl 33014		
		City/State and Zip Code	<del></del>
	agoutdoorservicesllc@gmai		
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
albert		305 823-9228	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	Tallahassee e Street, Suite 810

Tallahassee, FL 32303

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

FILED

AG OUTDOOR SERVICES LLC

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(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L Florida document number 1.23000196203	iability Company were filed on $\underline{\mathbb{C}}$	TALLAHASSEE, FLORINA
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	• • •	records, enter the name of the new register
	9703 SW 152 PI	
New Registered Office Address:		lorida street address
	Miami	, Florida <sup>33187</sup>
	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

Title	<u>Name</u>	Address	Type of Action
mgr	Maria Elena Mederos	19703 SW 152 PI	■Add
		Miami fl 33187	Remove
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			Remove
			⊡Change
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Filing Fee: \$25.00