

L23000466094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

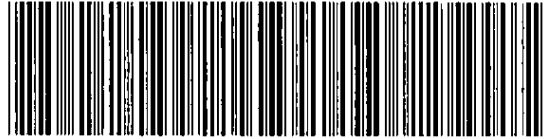
(Business Entity Name)

(Document Number)

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01/10/24--01001--003 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

2024 JAN 10 AM 8:01

FILED

A. PARISHANI

JAN 16 2024

JAN 27 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

AGBB INVESTEMENTS, LLC

**SUBJECT:** \_\_\_\_\_  
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:

ARLETTE GONZALEZ

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

AGBB INVESTEMENTS, LLC

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

1569 NW 88 AVENUE

\_\_\_\_\_  
Address

DORAL FLORIDA 33172

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

ARLETTE.MYWAY@GMAIL.COM

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

For further information concerning this matter, please call:

ARLETTE GONZALEZ

305

338-8271

\_\_\_\_\_  
at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JAN 10 AM 8:01

FILED

FILED  
2024 JAN 10 AM 8:05  
CLERK OF DISTRICT COURT  
DIVISION OF CORRECTIONS  
TALLAHASSEE, FLORIDA

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

**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>
AMBR	ARLETTE GONZALEZ	7741 SW 17 TERRACE MIAMI FL 33155	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ENRIQUE GONZALEZ	7741 SW 17 TERRACE MIAMI FL 33155	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
2024 JAN 10 AM 8:01  
FILED

2024 JAN 10 AM 8:01  
DEPARTMENT OF STATE  
DIVISION OF CORRELATION  
ALABAMA, FLORIDA

FILED  
2024 JAN 10 AM 8:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ALLAHASSEE, FL 32008

(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)

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 OCTOBER 20th, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee