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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone

: (512)597-0676 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ഗEmail Address:\_ ψD

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGS SERVICES GROUP LLC

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K. SALY

NOV - 4 2024

From: ZenBusiness User

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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THE STATE OF STATE OF

AGS Services Group LLC	
(Name of the Limited Liab (A Flor	offity Company as it now appears on our records.) rda Lamited Gability Company)  Company were filed on 10-17-2024 and assigned
	200
The Articles of Organization for this Limited Liability	Company were filed on 10-17-2024 and assigned
Florida document number 1.24000444607	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the if	mited Bability company here:
The new name most be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "LL C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	Cay

## 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

Hamending 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 TI24000364855 3

<u>Title</u>	Name	Address	Type of Action
AMBR	Giuseppe Russo	4451 NW 112th Ct	■Add
		Doral, FL 33178	
			DChange
MGR	Giuseppe Russo	4451 NW 112th Cr	■Add
		Doral, FL 33178	□Remove
			Change
AMBR	Anthony Russo	4451 NW 112th Ct	
		Doral, FL 33178	□ Remove
			□Change
MGR	Anthony Russo	4451 NW 112th Ct	₩Add
		Doral, FL 33178	□Remove
			□ (Thange
			203 NOV
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			□Remove
			☐Change

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oord s stiled	specifies a delayed effective date	, but not an offective time,	at 12:01 a m on the carli	er of: {h} = The 90th	n day after the
ed	November 1st	2024			
	W. Anthony Dugon				
	/s/ Anthony Russo	ture of a member or authorize			