L10000075037

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600183344036

07/19/10--01060--010 **25.00

FILED

10 JUL 19 AM II: 36
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Registration Section

· Di	vision of Corporations				,
` SUBJEC	T: AM S	OLUTI	ONS	GROL	JP LLC
	Name of				
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered	Office (^hanoe	and fee	(s) are submitted for filing
THO UNDIO	304 (105)310104 / 150114 (105)310104	011100	on a 160	mia 100,	a) we such more for ming.
Please ret	urn all correspondence concernin	g this m	atter to	the follo	owing:
	AURA MARINA VARGA	S		_	,
	Name of Person				
	AM SOLUTIONS GROUP I	LLC		_	
	Firm/Company				
-	14106 SW 54TH ST			_	
	Address				
					' - '- '- '- '- '- '- '- '- '- '- '- '-
<u></u> .	MIRAMAR FLORIDA 330	<u> 27 </u>		_	
	City/State and Zip Code				
•	CORPJAVIMAR@BELLSOUT address: (to be used for future annual repor	H.NET			
E-mail	address: (to be used for future annual repor	t notificatio	on)	_	
For furthe	er information concerning this ma	itter, ple	ase call:		
	• ,				
A	URA MARINA VARGAS	at (305	,	7336996
ے بسوں اد	Name of Person			Area Code	& Daytime Telephone Number
Re	REET/COURIER ADDRESS: egistration Section		MAILING ADDRESS: Registration Section		
	vision of Corporations	ons Division of Corporations P.O. Box 6327			
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				
	Ilahassee, Florida 32301			,, ,	
, Ei	nclosed is a check for the follow	ing amo	ount:		
X	\$25 Filing Fee		\$5	5 Filing	Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	AM SOLUTIONS GROUP LLC
2. (a) Principal office address of limited liability com	pany: 8404 NW 70TH ST
(Note: MUST BE STREET ADDRESS)	MIAMI FLORIDA 33166
(b) Mailing address of limited liability company:	8404 NW 70TH ST
(Note: MAY BE POST OFFICE BOX)	MIAMI FLORIDA 33166
07/16/2010	L10000075037
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	AURA MARINA VARGAS
Registered Office Address:	14106 SW 54TH ST SW SMIRAMAR FLORIDA 33027
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address
NEW Registered Agent:	AURA MARINA VARGAS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8404 NW 70TH ST
	MIAMI FLORIDA ,FL 33166
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability or as for the operating agreement of the limited liability company or as for the operating agreement of the limited liability or as for the operating agreement of the limited liability or as for the operating agreement of the limited liability or as for the operating agreement of the limited liability or as for the operating agreement of the limited liability or as for the operation of the limited liability or as for the operation of the limited liability or as for the operation of the limited liabilit	he Florida street address of the registered office dentical. Or, in the case of a Florida limited
organizate of a memory of against the representative of a memory	
AURA MARINA VARGAS Printed or typed name of signee	<u></u>
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00