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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·-
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C. LEWIS DEC 1 9 2013 EXAMINER



			COVER LETTER	
	Régistration 8 Diviston of Co			
	AWM	GROUP LLC		
SUBJEC	T:	Name of Limi	ited Lishility Company	
The encid	sed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Рісьяю гег	ium all corresp	ondence concerning this mader	to the following:	
		JUAN GEYMONA	\ Т	
			Name of Person	The state of the s
		APHIS URUGUA	Y LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1919 NW 19TH S	TREET, SUITE 625	
		· 	Address	
		FORT LAUDERD	ALE, FL 33311	
			City/State and Zip Code T@APHISTEAM.COM To be used for future annual report notifical	
For furthe	r information	e-mail sources; ()	·· ··· · · · · · · · · · · · · ·	ion)
	GEYMOI		954 347-1584 at (
	Name	of Person	Arca Code & Daytime To	elephone Number
Enclosed	is a check for t	he following amount:		
	Filing Fee	■\$30.00 Filing Fee & Certificate of Status	C1\$55.00 Filing Fee & Centified Copy (additional copy is enclosed)	Cis60.00 Filing Fee, Centificate of Status & Centified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallehassee, FL 32301

APPROVED AND FILED

13 DEC 18 RM 1:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AWM GROUP LLC			
(Name of the Limited L	Jability Compan lorida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number <u>L11000138773</u>	bility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ving:		ı
A. If amending name, enter the new name of t	he limited liabi	lity commany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liabliity Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1919 NW 19TH S	TREET
(Principal office address MUST BE A STREET ADDRESS)		SUITE 626	
		FORT LAUDERE	ALE, FL 33311
Enter new multing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1919 NW 19TH S SUITE 626 FORT LAUDERD	1
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address here	ice address on our roca :	ords, enter the name of the new
Name of New Registered Agent:	APHIS UR	UGUAY LLC	- No. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
New Registered Office Address:	1919 NW 19TH STREET, SUITE 625		
		Enter Flori	da street address
	FORT LAU	IDERDALE	, Florida 33311
		City	Zip Code
New Registered Agent's Signature, if changing Re-	gistered 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 Chupter 608, 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, Menature of New Realistered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title <u>Name</u> Address Type of Action MGRM PDM UK CORP 1101 BRICKELL AVENUE, SUITE # S-604 Remove MIAMI, FL 33131 MGRM APHIS URUGUAY LLC 1919 NW 19 STREET **✓** Add **SUITE #625** FORT LAUDERDALE, FL 33311

APPROVEG AND FILED

13 DEC 18 PH 1: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

amending any other information	n, enter change(a) here: (Attach additional shvets, if necessary.)
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DECEMBER 6TH,	2013
	last ells
Signati	ure of a member of mulborized representative of a member
	ure of a member of militarized representative of a member M. MARTHA TILLY
	Typed or printed name of signce
	Page 3 of 3

Filing Fee: \$25.00