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(Re	equestor's Name)	
(Ac	ldress)	
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SECRETARY OF STATE

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COVER LETTER

Division of Co.				
SUBJECT: AM GARI	DENS LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ALFREDO MACHUCA			
		Name of Person		
	AM GARDENS LLC			
		Firm/Company		
	4345 NEW STREET			
	***	Address		
	FORT MYERS, FL 33905	;		
		City/State and Zip Code	(1,0.1,0.1,0.1,0.1)	
	CONTACT@MENDOZAA			
		to be used for future annual report notifica-	ation)	
For further information of	concerning this matter, please c	all:		
LUIS MENDOZA		954 2944782		E-J
Name o	of Person	at () Area Code Daytime T	Telephone Number 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Enclosed is a check for t	he following amount:		E E	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AM GARDENS LLC					
(Name of the Lin	ited Liability Com (A Florida Limite	npany as It now appears on our ed Liability Company)	records.)		
The Articles of Organization for this Limited	Liability Compa	ny were filed on $\frac{03/29/2012}{}$		_ and assigne	ed
Florida document number L12000043427	·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited li	ability company here:			
N./A.					
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation	n "LLC" or the abbre	viation "L.L.C.	**
Enter new principal offices address, if appl	icable:	N/A			
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	 _			
Enter new mailing address, if applicable:		N/A			
Mailing address MAY BE A POST OFFICE	F ROX)				
172411110 WWW. CSG 17272 22272 2 001 01 12C1	<u> 1 </u>				
					
B. If amending the registered agent and	d/or registered	office address on our re	ecords, enter th	e kame of	the n
egistered agent and/or the new registered	office address h	<u>ere</u> :			TI
			宝色 シロ	70 m	
Name of New Registered Agent:	N/A		SS (S)	25	101000
New Registered Office Address:	N/A	·	ing.	ַ ד	T]]
		Enter Florida street	address S	. بي	
			, Florida 🚉	5	
	<u> </u>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
DIRECTO	MARIA D BAIZABAL	4345 NEW ST, FORT MYERS	
		FL, 33905	■ Remove
			Change
MGR	KAREN MACHUCA	4545 NEW ST, FORT MYERS	Add
		FL, 33905	Remove
			☐ Change
			Add
			☐ Remove
			□ Change
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			SET Add TO
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			Remove
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N/A				
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ective date, if other than the c effective date is listed, the date must	late of filing:	rior to date of filing	opt or more than 90 days after	ional) 5
e: If the date inserted in this block	ck does not meet the ap	plicable statutory f	iling requirements, th	is date will not be liste
ument's effective date on the Dep	partment of State's reco	rds.		
record specifies a delayed	effective date, but	not an effectiv	e time, at 12:01	a.m. on the earlie
he 90th day after the reco	rd is filed.			
APRIL 20 · ed	2016		_	
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	ignature of mention or	uthorized representa	tive of a member	
	- M, C			Seavers LIC

Page 3 of 3

Filing Fee: \$25.00