## 1120000 47884

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## **COVER LETTER**

TO:		ion Section of Corporations					
SUBJEC	Amer	rican Municipal Solutions, L	LC.				
SOBJEC		Nar	ne of Limited Liability Company	,			
		les of Amendment and fee(s	_				
Please re	eturn all con	rrespondence concerning th	is matter to the following:				
		Timothy M. Engli	ish				
			Name of Persor				
		American Munici	pal Solutions, LLC.		=	<b>≅ ~</b>	
		471 Nardo Avenu	Finn/Company e SW		•	2019 JAN 16	
		Palm Bay, Florida	Address			555F7. 16 A	
		amsolutionslle@co	City/State and Zip Comcast.net	Code		H 23	
		_	address: (to be used for future an	nual report notifica	ation)		
For furth	er informa	tion concerning this matter,	please call:				
Timothy	M. Englis	h	757 at (	344-4748			
	N	ame of Person	Area Code	Daytime T	elephone Numbe	т	
Enclosed	l is a check	for the following amount:					
\$25.0	00 Filing F	ce \$30.00 Filing Fo Certificate of S		У	Certified	ate of Status &	

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

(Name of the Limited	d Liability Co A Florida Lim	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Lia	bility Com	pany were filed on 04/09/2012	and assigned
Florida document number L12000047884			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited	liability company here:	
American Multidiscipline Solutions, LLC.			
The new name must be distinguishable and contain the wo	rds "Limited	Liability Company," the designation "L	
Enter new principal offices address, if applicable:		NA	7219
Principal office address MUST BE A STREET	ADDRES.	<u>(S)</u>	A A
			· · · · · · · · · · · · · · · · · · ·
		NA	
Enter new mailing address, if applicable:			2.4. 2
Mailing address MAY BE A POST OFFICE B	$\frac{\partial (OX)}{\partial X}$		<del>2</del>
B. If amending the registered agent and/o registered agent and/or the new registered offi			rds, <u>enter the name of th</u>
Name of New Registered Agent.			
New Registered Office Address:	NA	Enter Florida street add	
			Florida

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>	<u>Address</u>	Type of Action
NA	NA	NA	
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			Change
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			- Remove
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	NA NA	
Effective date, it other than ( fan effective date is listed, the date	the date of filing:	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this		tatutory filing requirements, this date will not be listed as
document s criccitye date on the	. Department of State 3 records.	
ne record specifies a delay	ved effective date, but not an	effective time, at 12:01 a.m. on the earlier of
The 90th day after the r		
January 13	2019	
Dated	thy M. English Signature of a member or authorized	
,	· · · · · · · · · · · · · · · · · · ·	
Time	Hu M. G. Sel	

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Typed or printed name of signee

Filing Fee: \$25.00