

115 000 198 469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

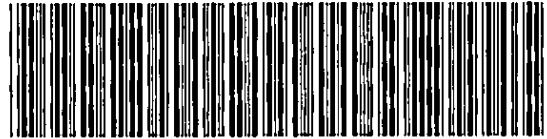
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700352095467

09/15/20--01029--029 \*\*25.00

OCT 24 2020  
S. YOUNG

FILED  
2020 SEP 15 PM 2:15



**Diego L. Restrepo, P.A.  
Attorneys at Law**

Member:  
Florida Bar Association

2600 S Douglas Road, Suite 913  
Coral Gables, Florida 33134

Telephone: (305) 447-9430  
Fax: (305) 448-5541

E-Mail: [diego@restrepolaw.com](mailto:diego@restrepolaw.com)

Member:  
Florida Institute of Certified  
Public Accountants

September 10, 2020

***Certified Mail Return Receipt Requested  
No. 7017 3380 0000 6307 7219***

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Ref: Articles of Amendment to the Articles of Organization for AM Investments Ventures, LLC, a Florida limited liability company, (the "Company")**

To whom it may concern:

Enclosed please find the Articles of Amendment for the company referenced above and check # 1922 in the amount of \$25.00 payable to the Florida Department of State to cover the filing fee.

Should you have any question, please do not hesitate to call us.

Very truly yours,

**Diego L. Restrepo, P.A.**

By: 

\_\_\_\_\_  
Luisa Elena Cuadrado, Paralegal

w/ enclosures

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AM INVESTMENTS VENTURES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUISA ELENA CUADRADO

\_\_\_\_\_  
Name of Person

DIEGO L. RESTREPO, P.A.

\_\_\_\_\_  
Firm/Company

2600 SOUTH DOUGLAS ROAD, SUITE 913

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

\_\_\_\_\_  
City/State and Zip Code

LUISA@RESTREPOLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUISA ELENA CUADRADO

305 447-9430  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AM INVESTMENTS VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2010 SEP 15 PM 2:15  
FILED  
assigned

The Articles of Organization for this Limited Liability Company were filed on 11/24/2015

Florida document number L15000198469

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ADVISORS GROUP SERVICE LI	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	INTERNATIONAL ADVISORS S	2600 SOUTH DOUGLAS ROAD, SUITE 913	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

