

L16000046486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

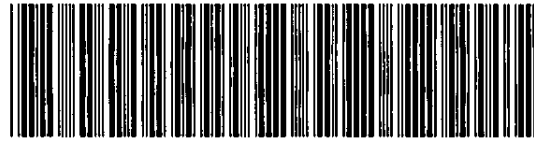
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG 15 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AFSM Investments 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:

Derek Breen

Name of Person

Breen Accounting & Tax Service Inc

Firm/Company

3359 W Vine St Suite 104

Address

Kissimmee FL 34741

City/State and Zip Code

dbreen@fltaxservice.com

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

For further information concerning this matter, please call:

Derek Breen

407 931-2344

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

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

FILED
2016 AUG 15 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFSM Investments, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/07/2016 and assigned Florida document number ~~1600046486~~ L16000046486

This amendment is submitted to amend the following:

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

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:

3359 W Vine Street Suite 104

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee FL 34741

Enter new mailing address, if applicable:

3359 W Vine St Suite 104

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee FL 34741

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:

Breen Accounting & Tax Service Inc

New Registered Office Address:

3359 W Vine Street Suite 104

Enter Florida street address

Kissimmee

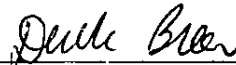
Florida 34741

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	Anderson Felipe Da Silva Moraes	Rua DR. Borman No. 23	<input checked="" type="checkbox"/> Add
		conjunto 216/217 Centro - Niteroi	<input type="checkbox"/> Remove
		RJ - CEP 24.020-320 BRAZIL	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 CLERK OF SUPERIOR COURT
 FALLS CHURCH, VA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

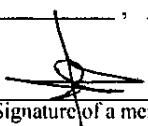
Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA
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E. Effective date, if other than the date of filing: 08/15/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 08/11/2016



Signature of a member or authorized representative of a member

Anderson Felipe Da Silva Moraes

Typed or printed name of signee