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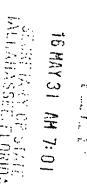
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation		•	
SUBJECT:	AMSR Name of Limi	Holdings , LLC ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	ANDY	MOHAMMED Name of Person	
		Firm/Company	
	_ 3117 MAPI	BRIOND OR Address	
	LyTZ	Address FL 33558 City/State and Zip Code 850@YAH00.COM to be used for future annual report notified	
-	FIRIZMIZ-OIC 8 E-mail address: (1	850 @ YAH 0.0. CON	cation)
For further information conc			
ANDY M	DHAMMRD Prson	at (818) 453-2 Area Code Daytime	27 69 Telephone Number
Enclosed is a check for the f	ollowing 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

${\bf STREET/COURIER\ ADDRESS:}$

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- AMSK HO	04)1 NBS, LLC
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on April 4,2016 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited	h Holdenas, LLC
The new name must be distinguishable and contain the words "Limited)	tiability Company," the designation "LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	3/17 Mappleridge Dr. Lutz , FL 33558
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	d office address on our records, enter the name of the new here: Mohammed 3117 Mapplesidge Day Enter Florida street address Let Z. Florida 33558
	The state of the s

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.

M 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Samuel R Ramos	11430 Mallovy Squau Dr, Tanpa, Fl 336	Add Remove
			☐ Change
MGRH	Andy Mohammed	3117 MappheRidge Dr. Lutz, F/ 33558	Add
)	Lutz, F/ 33558	□ Remove
		" No Change"	Change
	•		□ Remove
			Change
			□ Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st cument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.0 attutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an of the 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
red MAY 17th 2016.	
in 1116.	
signature of a member or authorized r	

Page 3 of 3

Filing Fee: \$25.00