LZ0000281048

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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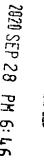


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MOV 04 2020 S. YOUNG



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Am	ne of Limi	condge nvestern ited Kability Company	ent.
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Veronica	Sentari Name of Person	
	American	Buidge Thues	<u>lement</u>
	201 180	Address apt 5	214
و	Junny C	Slog. FL 3 City/State and Zip Code	
	VeronicQ	Sculori (2) 10/100. (to be used for future annual report notif	בתראני - leation)
For further information co	oncerning this matter, please ca		,
Name of	<u>Ductari</u> Person	at (<u>802</u>) <u>355</u> Area Code Daytimo	Telephone Number
Enclosed is a check for the	e 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 ARTICLES OF ORGANIZATION

American	Dridge Investement LEC
(Name of the Limited Liability Compa (A Florida Limited I	ny as italow appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number <u>L20000281048</u> .	
This amendment is submitted to amend the following:	. *
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	201 180th Dr apt 414
(Principal office address MUST BE A STREET ADDRESS)	city Sunny Isles FL 33160
Enter new mailing address, if applicable:	# 16850 Colins Ave # 112-274 Sunny (Isles
(Mailing address MAY BE A POST OFFICE BOX)	# 112 - 274 Sunny (Isles Beach 33160
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Veronica Centori
New Registered Office Address: 201	180 fh DR apf 4/4/ Enter Florida street address
unnig	City Steg Florida 33160 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>	Name	Address	Type of Action
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effectiv <u>:</u> II tl	ve date is listed, he date inserte	the date must bed in this bloc	ate of filing: e specific and ca k does not med artment of Stat	innot be prior et the applic	able statutory	or more than filing requi	(opti 90 days after rements, thi	onal) filing.) Pursuan s date will not	t to 605.0 be listed
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		S	gnature of a me	mber or auth	orized represen		\		_ `^
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