

L14000122 282

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PANELL LAW GROUP, LLC
Account Number : I201300000088
Phone : (305)513-8606
Fax Number : (305)513-8605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eli@panell-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN EXCHANGE FINANCIAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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APR 20 2016
J. HARRIS

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: AMERICAN EXCHANGE FINANCIAL SERVICES 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:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

Name of Person

PANELL LAW GROUP, LLC

Firm/Company

8750 NW 36TH STREET, SUITE 425

Address

DORAL, FL 33178

City/State and Zip Code

eli@panell-law.com

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

For further information concerning this matter, please call:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

305

513-8606

Name of Person

at ()

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

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

AMERICAN EXCHANGE FINANCIAL SERVICES 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 AUGUST 05, 2014 and assigned
Florida document number LI4000122282.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
16 APR 19 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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

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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	SEBASTIAN OHRWASCHIEL	3785 NW 82ND AVENUE	☒ Add
		STE 104, DORAL, FL 33166	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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STATE OF FLORIDA

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

(The page contains faint horizontal ruling lines.)

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.

Dated 7/17, 2016

Typed or printed name of signer

Filing Fee: \$25.00

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ALL INFORMATION
FLORIDA

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