Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

: (407)294-7677

Account Number : 120080000061 Phone : (407)582-9830 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMMJ BUSINESS, LLC

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COVER LETTER

AMMI	BUSINESS, LLC	·.
SUBJECT:	Name of Limited Liability Company	.7 .
		(2) (本)
The enclosed Articles	of Amendment and fec(s) are submitted for filing.	· · ·
	spondence concerning this matter to the following:	· ·
	MARIA PINIFEIRO	
	Name of Person	
	ALPHA BUSINESS CONSULTING, LLC	
	Firm/Company	••
	7022 CARLENE DR	
	Address	
	ORLANDO, FL 32835	•
	City/State and Zip Code pinheiromaria@att.net	· ·
	E-mail address: (to be used for future annual report notification)	
For further information	a concerning this matter, please call:	·
MARIA PINHEIRO	407 582-9830	•
Name	of Person Area Code Daytime Telephone Number	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMMI BUSINESS, LLC	AUG TI	
Name of the Limited Liability Co	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L16000228004 This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		
The new name must be distinguishable and contain the words "Limited L	inbility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	13211 GLACIER NATIONAL DR # 5508	
(Principal office address MUST BE A STREET ADDRESS	ORLANDO, FL 32837	
Enter new mailing address, if applicable:	13211 GLACIER NATIONAL DR # 5508	
(Mailing address MAY BE A POST OFFICE BOX)	C"LANDO, FL 32837	
Name of New Registered Agent:	office address on our records, enter the name of the new nere: CIER NATIONAL DR # 5508 Enter Florida street address , Florida 32837	
	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>	Address	Type of Action
AMBR	GVM BUSINESS, LLC	13211 GLACIER NATIONAL DR	
		# 5508	
		ORLANDO, FL 32837	O Remove
		in	Change
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			🗖 Change
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NONE	ny other information, enter change(s) here		
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			宣言 ~
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E. Effective date, if	other than the date of filing:	- (option	nal)
	listed, the date must be specific and cannot be prior to conserted in this block does not meet the applicable ye date on the Department of State is record.		
3 c1100d	ve date on the Department of State's records.		
f the record specilib). The 90th day	les a delayed effective date, but not a after the record is filed.	n effective time, at 12:01 a.i	m, on the earlier of:
			•
Dated AUGUST 2	, 2017	_	
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