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SECRETARY OF STATE

TOTAL OF THE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AMFRICAOM ON Name of Li	FORMETRY UC	·
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Carlos	A. Arriv Dell Name of Person	
AMERICAL	LAGINE TRY	UC.
774 18	PZNS AVE. E	
C. ARNIVI E-mail address:	Shortes A 33 City/State and Zip Code Dell 74 @ G HA? (to be used for future annual report notifications)	2708 L-COH cation)
For further information concerning this matter, please of Person		- 8/88 Telephone Number
Enclosed is a check for the following amount:		
2 \$25.00 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

AMERICAN CABEMETRY UC.
(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 JAN. 18, 2018 and assigned Florida document number 1800016747.
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 abtroviation "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)
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 Degistered Agent's Signature, if changing Registered Agent:

New Registered Agent's Signature, it 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
46C	Carlos A. Aprindell.	Address JL. 774 182 Les AVE & Redington Shorms A. 33708	□ Add
		Redington Shorans	th Remove
		A. 33708	Change
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Effective date, if other than the date of filing: AB 26, 20/9 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	90 days after filing.) Pursu	ant to 605.020° ot be listed as	7 (3) s the
the record specifies a delayed effective date, but not an effective time, a) The 90th day after the record is filed.	at 12:01 a.m. on th	ie earlier o	of:
Dated August 19 2019			
	,		
Signature of a member or authorized representative of a me	mber		
1 de 1 April 1			

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Filing Fee: \$25.00