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B. BOSTICK

SEP 3 0 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMARIS DECELOPMENT LC 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:	
JEFFREY GITTO Name of Person AMA'S Development 2C	
Firm/Company	
1165. DRANGE AVENUE	
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future amount report notification)	
For further information concerning this matter, please call:	SEP
TEFFREY OCTO at (813) 453 1794 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

Amoris DE	uelopment L	.C		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on mited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on3	113/2000	and	d assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the desig	nation "LLC" or the	abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		17	
			S.	
		ব	رن در	- margas - Andreas
Enter new mailing address, if applicable:		~	-	
(Mailing address MAY BE A POST OFFICE BOX)		· i	<u>၂</u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		r records, <u>enter</u>	the na	me of the nev
Name of New Registered Agent:		·		
New Registered Office Address:	Enter Florida s	treet address		
		, Florida		
 	City		Zip C	ode

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

amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** 116 S. DRANGE AVENUE MADE EDIT JERROD THOMPSON AMBR ORLANDO, FL 32801 Remove □ Add ☐ Remove ☐ Remove □ Add □ Remove ☐ Remove ☐ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00

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