FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90032 001 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005478 ✓

956179

1. Entity Name

A.M. VENTURES, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1220 COLLINS AVENUE	1220 COLLINS AVENUE
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State MIAMI BEACH, FL.	City & State MIAMI BEACH, FL.
Zip 33139 Country USA	Zip 33139 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100-519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARCOS A. FAJARDO

Street Address (P.O. Box Number is Not Acceptable) 1220 COLLINS AVENUE # 300

City MIAMI BEACH FL Zip Code 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] DATE 4/26/02

Signature, typed or printed name of registered agent and title if applicable.

FEE $ [illegible]
MIAMI-DADE COUNTY
DEPUTY

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARCOS A. FAJARDO "MGRM" 1220 COLLINS AVE. # 300 MIAMI BEACH, FL. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGEL L. CANDELARIA "MGRM" 1220 COLLINS AVE. #300 MIAMI BEACH, FL. 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/26/02 305-604-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #