L03000035322

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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A. LUNT				
SEP 9.1 2010				

EXAMINER

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09/20/10--01017--018 **25.00

SEGRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO: a Registration Division of C	n Section Corporations				
SUBJECT:	AMPS In	AMPS International LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles	s of Amendment and fee(s) are sul	omitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
		James Amps			
		Name of Person			
	AI	AMPS International LLC		= 2	
		Firm/Company			_
	1	1521 W Fairway Road		2010 SEP 20 PH RE: 52 SECRETARY OF STATE TALLAHASSEE, FLORID.	-
		Address		SSEY S	<u></u>
				변유 교	[
	Pemb	Pembroke Pines, Florida 33026 City/State and Zip Code		- 52 75	•
		·		25 E	
	E-mail address: (ampscomm@gmail.com E-mail address: (to be used for future annual report notification)		**	
For further information	on concerning this matter, please	call:			
	James Amps	ai (668-8008	 	
Nar	ne of Person	Area Code & Daytime	Telephone Numbe	er.	
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	ed)
	AILING ADDRESS: gistration Section	STREET/COURING Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMPS Intern					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records	.)			
The Articles of Organization for this Limited Liability Company	were filed on $9/17/20$	<u>U</u> 3 and assigned			
Florida document numberL03000035322					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility compony have				
A. If amending name, enter the new name of the minited had	anty company nere:	•			
		7 2 2			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designati	on 'HC' or the abbreviation			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)					
	···				
	• •	· 曹州· 6			
Enter new mailing address, if applicable:	1521 W. Fairway Road	the second secon			
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, FL 3302	6			
B. If amending the registered agent and/or registered of		ter the name of the nev			
registered agent and/or the new registered office address her	<u>e</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florid	a			
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Shawn L. Washington	1521 W. Fairway Rd Pembroke Pines, FL 33026	Add Remove
	-		Add Remove
			Add Remove
			ZIII SEPPOVE REZO
			AFG Rejijove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
_			
			<u> </u>
Dated	Signature of a me	Cuff of authorized representative of a member	
		James Amps	
	T	yped or printed name of signee	*

Page 2 of 2

Filing Fee: \$25.00