

L04000021985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

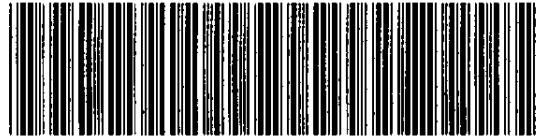
Special Instructions to Filing Officer:

A. LUNT

JAN 26 2010

EXAMINER

Office Use Only



700163878087

12/30/09--01004--007 **35.00

FILED
2010 JAN 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2010

A.M. SERVICES, LLC
2620 NW 15TH CT.
POMPANO BEACH, FL 33069

SUBJECT: A.M. SERVICES, LLC
Ref. Number: L04000021985

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TALLAHASSEE, FLORIDA

We have received your document for A.M. SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 010A00000040

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A. M. SERVICES, LLC.
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:

ANWAR MITHAVAYANI
Name of Person

A. M. SERVICES, LLC.
Firm/Company

9240 NW 44 CT.
Address

Coral Springs, FL 33065
City/State and Zip Code

anwarm@reliantmed.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ANWAR MITHAVAYANI at (954) 632-1133
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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

A. M. SERVICES, LLC

(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 3/22/04 and assigned
Florida document number 204000021985

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ANWAR METHAVAYANI
9240 NW 44 CT
Coral Springs, FL 33065

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:

ANWAR METHAVAYANI
9240 NW 44 CT
Coral Springs, Florida 33065
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.

[Signature]
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

Title	Name	Address	Type of Action
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MGRM	ANWAR Mithavayani	9240 NW 44 CT Coral Springs, FL 33065	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGRM	Gushekar Abdullah-Mithavayani	9240 NW 44 CT Coral Springs, FL 33065	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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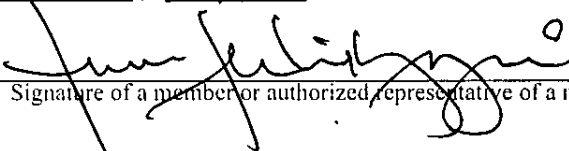
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Jan 1st, 2010:



Signature of a member or authorized representative of a member

Typed or printed name of signee