

L040000062075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

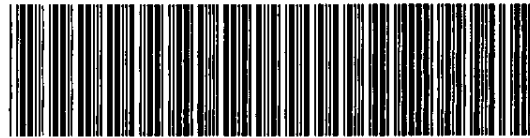
(Document Number)

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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMC INVESTMENT 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:

EDWARD COLAMETA

Name of Person

AMC INVESTMENT LLC

Firm/Company

100 TRUEMAN DRIVE

Address

MALDEN, MA. 02148

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD COLAMETA

Name of Person

at **781 322-9454**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

XXX

☐ \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMC INVESTMENT 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 08/20/2004 and assigned
Florida document number 104000062075.

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)

AMC INVESTMENT LLC

2637 E. ATLANTIC BLVD. STE: 166

POMPANO BEACH, FLORIDA 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

AMC INVESTMENT LLC

100 TRUAMAN DRIVE

MALDEN, MA. 02148

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:

PARCELS PLUS

New Registered Office Address:

2637 E. ATLANTIC BLVD.

Enter Florida street address

POMPANO BEACH

City

Florida

33062

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.

PARCELS PLUS

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:

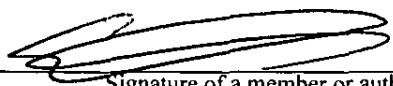
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	ALEXIS MARIE COLAMETA	2637 E. ATLANTIC BLVD STE:166 POMPANO BEACH, FL. 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	EDWARD R COLAMETA	100 TRUEMAN DR MALDEN, MA. 02148	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EDWARD COLAMETA	2637 E. ATLANTIC BLVD. STE 166 POMPANO BEACH, FL. 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated DECEMBER 08, 2011



Signature of a member or authorized representative of a member
EDWARD COLAMETA MANAGER

Typed or printed name of signee