2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000084476

1. Entity Name
AAM, LLC

FILED
07 OCT 18 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11120 N. KENDALL DRIVE STE. 201 MIAMI, FL 33176	11120 N. KENDALL DRIVE STE. 201 MIAMI, FL 33176

10032007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3800 South Ocean Dr.		3800 South Ocean Dr.	
Suite, Apt. #, etc.: #217		Suite, Apt. #, etc.: #217	
City & State: Hollywood, FL		City & State: Hollywood, FL	
Zip: 33019	Country: USA	Zip: 33019	Country: USA

4. FEI Number: 20-1912936 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHENKER, MARTIN
11120 N. KENDALL DRIVE STE. 201
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Sarah Weissbard
Street Address (P.O. Box Number is Not Acceptable): 3800 South Ocean Dr.
#217
City: Hollywood FL Zip Code: 33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Sarah Weissbard, MGRM 10/3/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE	400111108530 10/22/07--01010--005 **50.00	☐ Change ☐ Addition
NAME	SCHENKER, MARTIN		NAME		
STREET ADDRESS	5330 SW 33 WAY		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	WEISSBARD, SARAH		NAME	Weissbard, Sarah	
STREET ADDRESS	5330 SW 33 WAY		STREET ADDRESS	3800 South Ocean Dr., #217	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Sarah Weissbard, MGRM 10/3/07 954-458-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #