07/28/2015 7/28/2015

7867622589

GLOBAL ACCOUNTING Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GLOBAL ACCOUNTING AND TAX PROFESSIONAL CORP

Account Number : I20140000098

: (786)372-1391

Fax Number

: (786)762-2589

**Enter the email address for this business entity to be used for future annual report mailings. Enter only, one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FAMP, LLC

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JUL 2 9 2015

J. S. CHANG.

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

| TO: Regi | lstration Sec sion of Corp | tion orations | | | | | |
|----------------|-------------------------------|--|---|---------------------------------------|---|------------|---------|
| SUBJECT: | | FAMP, LLC | | | | | |
| SUBJECT: | | Name of Limi | ted Liability Company | | | | |
| The enclosed | Articles of A | mendment and fee(s) are subr | nitted for filing. | | | | |
| Please return | all correspon | dence concerning this matter t | o the following: | | | | |
| | | Surely Molina | | | | | |
| | | | Name of Person | | | | |
| | | Global Accounting and tax | | | | | |
| | | | Firm/Company | · · · · · · · · · · · · · · · · · · · | | | |
| | | 5862 West Flagler Street | | | | | |
| | | <u> </u> | Address | | | | |
| | | Mlami Florida 33144 | l | | | | |
| | | | City/State and Zip Code | | | | |
| | | SGLOBAL.USA@GMAIL. | | | | / } | |
| | | E-mail address: (t | to be used for future annual r | eport notification) | | 5 | |
| For further in | formation co | ncerning this matter, please ca | JL: | | والي حائم المار المعام المار المعام | | . , , |
| SURELY M | DLINA | | 786 372 | -1391 | 3.8.8. 3.8.8.4.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8. | 28 | es came |
| Enclosed is a | Name of | Person to following amount: | Area Code | Daytime Telephone I | Annes CHONO | AM 7: 38 | Y TH |
| ■ \$25.00 F | | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is encl | osed) Co | 0.00 Filing Fee, extificate of State extified Copy dditional copy is end | | |

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 07/28/2015 02:44

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FAMP, LLC | | | |
|--|---|---|--|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records. Liability Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on 11/11/2009 | and assigned | |
| Florida document number L09000108801 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | pility company here; | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: 5862 WEST FLAGLER STREET | | | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI FLORIDA 33144 | S S | |
| | | > 201 & 100. | |
| | | 20 No. 1940 | |
| Enter new mailing address, if applicable: | | 3.5 × 1.0 × | |
| (Malling address MAY BE A POST OFFICE BOX) | | -, S = 111 | |
| | | | |
| | | ©≓ es | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | enter the name of the ne | |
| registered agent and/or the new registered office address her | <u>¢.</u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Only Authors. | Enter Florida street address | | |
| | , Florida | | |
| | 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 605, 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

7867622589

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|------------------------------|----------------|
| MGR | CROUZEL ROBERTO | 20900 NE 30TH AVE, SUITE 318 | |
| | | AVENTURA FL. 33180 | Remove |
| | | | □ Change |
| MGR | METALASA, LLC | 5862 WEST FLAGLER STREET | Add |
| | | MIAMI FLORIDA 33144 | □ Remove |
| | | | ☐ Change |
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| | 2015 02:44 ending any othe | r information, enter change(s) here | | Snacossami) | | |
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| E. Effect | five date, if other | r than the date of filing: | (| entionel) = = 5 | <u>ب</u> | |
| (If an ef | fective date is listed. | the date must be specific and cannot be prior t | o date of filing or more than 90 days | s after filing) Pursuant | to 605,0 | 0207 (3)(I |
| docun | nent's effective da | ed in this block does not meet the applicate on the Department of State's records. | ore statition & trivial ted affertiette | i, this date will not t | e nace | u as uxe |
| | | | | | | |
| | | a delayed effective date, but not | an effective time, at 12: | 01 a.m. on the | earlie | r of: |
| (b) ⊺he | e 90th day afte | r the record is filed. | | | | |
| . | 07/28 | 2015 | | | | |
| Dated | · | , | · | | | |
| | | Vetelosa | | | _ | |
| | | Signature of a member or autho | rized representative of a member | ·— — — | | |
| | Metalasa, li | c · | | | | |
| | | Typed or printe | d name of signee | | | |

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Filing Fee: S25.00