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Florida Department of State
Division of Corporations
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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
Phone : (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.****

Email Address: sglobal.usa@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAMP, LLC**

Certificate of Status	0
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15 JUL 28 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JUL 28 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FAMP, 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:

Surely Molina
Name of Person
Global Accounting and tax professional corp
Firm/Company
5862 West Flagler Street
Address
Miami Florida 33144
City/State and Zip Code
SGLOBAL.USA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SURELY MOLINA
Name of Person
at (786) 372-1391
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

FILED
15 JUL 28 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMP, 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 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 liability company here:

The new name must be distinguishable and contain 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)

5862 WEST FLAGLER STREET

MIAMI FLORIDA 33144

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: _____

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CROUZEL ROBERTO	20900 NE 30TH AVE, SUITE 318	<input type="checkbox"/> Add
		AVENTURA FL. 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	METALASA, LLC	5862 WEST FLAGLER STREET	<input checked="" type="checkbox"/> Add
		MIAMI FLORIDA 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 JUL 28 AM
SECRETARY OF
THE AMASS/CI

SECRETARY OF STATE
THE AMBASSADOR LORD

Filing Fee: \$25.00