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K. SALY EXAMINER JUN -9 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: AMC Industries Acquisition, LLC Name of Limited Liability Ompany				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ray Fluitsna Name of Person				
Anc Industries Acquisition LLC Firm/Company				
12291 US Huy 41 N				
Palmetto, FC 34221				
City/State and Zip Code  Ray @ ancind. Sh  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ray Fluitsua at (33) 989-9663  Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:  \$\sigma \$\sigma \text{\$\cong \				

### 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

ZOI4 JUN-2 AM II: 08

TALLAHASSEE, FLORIA

Florida document number LIO00000 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) 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:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action \_ Add ☐ Remove \_ 🗆 Add \_□ Remove □ Add \_□ Remove □ Add ☐ Remove □ Add □ Remove □ Add □ Remove

D.	D. If amending any other inf	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
,				
E.	E. Effective date, if other tha	n the date of filing: (optional) c. cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
	the date this document is filed by	e, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)		
	Dated May 29	2014		
	Dated			
		Signature of a member or authorized representative of a member		
		- Kaynous A Mutsua		
		Typed or printed name of signce		

Page 3 of 3

Filing Fee: \$25.00