

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L10000023596

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN, LLC
Account Number : 120070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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

Email Address: usc@nick.spradlin.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMSNO INVESTMENTS, LLC**

Certificate of Status	0
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Page Count	3
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D. BRUCE

MAR 17 2010

EXAMINER

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Corporate Filing Menu

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Mar 15 2010 4:58PM

NICK SPRADLIN

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P.2

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Mar 15 2010 4:24PM NICK SPRADLIN

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P.1

H100000588963

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

AMSNO INVESTMENTS, 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 03/02/2010 and assigned
Florida document number L10000023596

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 "LLC."

Enter new principal office 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:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signatures of New Registered Agent

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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
MGR	SHIENE MERALI	12000 N DALE MARRY HWY SUITE 110 TAMPA, FLORIDA 33618	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

Signature of a member or authorized representative of a member

SALIMA RATTANSI

Typed or printed name of signer

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