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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020 ; (813)435-3176 Phone : (813)333-6358 Fax Number

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AML HOLDING, LLC

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T. LEMIEUX JAN 04 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AML HOLDING, LLC						
(Name of the Limited Lish (A Flori	nility Company rida Limited Lia	as it now appo- bility Company	tars on our re	cords.)		
The Articles of Organization for this Limited Liability lorida document number L10000063496	Company w	ere filed on _	06/14/2010	· . <u></u>	and assi	igned
his amendment is submitted to amend the following:	:					
. If amending name, enter the new name of the lin	mited liabili	ty company	here:			
he new name must be distinguishable and contain the words "Li	imited Liability	Company," the	r designation *	LLC" or the abb	previation "L.1	c."
Inter new principal offices address, if applicable:	-					<del></del>
Principal office address MUST BE A STREET ADD	DRESS)					
	-	<del></del>		<del></del>		
Cuter new mailing address, if applicable:	_					
Mailing address MAY BE A POST OFFICE BOX						
. If amending the registered agent and/or register gent and/or the new registered office address here:		aress on our	records, <u>en</u>	we the name	or me new	register
Name of New Registered Agent:	<del></del>				٠,٠	~
New Registered Office Address:		Futer F	orida street aa	Hore		58.5
						·
		City		Florida	Zip Code	
ew Registered Agent's Signature, if changing Register	red Agent:					
hereby accept the appointment as registered agentrovisions of all statutes relative to the proper and accept the obligations of my position as registered teing filed to merely reflect a change in the register ompany has been notified in writing of this change	complete pe agent as pro red office ac	erformance ovided for in	of my duties Chapter 60	, and I am fa )S, F.S. Or, i	miliar with f this docur	and. nent is
	lf Changir	ng Registered /	gent. Signatu	re of New Regi	stered 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

Title	Name	<u>Address</u>	Type of Action
MGR	JIMMY EDMOND	7539 SPRING HILL DRIVE	□Add
			.≘Remove
		SPRING HILL, FL 34606	□ Change
AMBR MACULA EDMOND	MACULA EDMOND	7539 SPRING HILL DRIVE	BAdd
		SPRING HILL FL 34606	
			DAdd
			□Remove
			(I]Add
			□Remove
			☐ Change
			@Remove
			☐ Change
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Officialise data if other than	the data of filing:			(optional)	
feetive date, if other than	must be specific and can	not be prior to date	of filing or more than	90 days after filing.) Pur	suant to 605.0207 (3)(
Note: If the date inserted in this locument's effective date on the	s block does not meet	the applicable 5	tatutory filing requi	rements, this date will	not be listed as the
Recurrence and a control	D D D D D D D D D D D D D D D D D D D				
record specifies a delayed effe	erius date, but not an a	effective time, at	: 12:01 a.m. on the	earlier of: (b) The 90	th day after the
rd is filed.	ctive date, but not be	, , , , , , , , , , , , , , , , , , ,			-
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