11000098805

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	ner Me						
SUBJECT:		AMI, LLC	·				
	Name of Lin	ited Liability Company	•				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		VANESA PEREZ					
		Name of Person					
	MCKAF	KA DEVELOPMENT GROUP. LI	.C				
	Firm/Company						
	20900	20900 NE 30th AVENUE, SUITE 603					
		Address					
		AVENTURA, FL 33180					
		City/State and Zip Code					
		EREZ@MCKAFKA.COM					
		to be used for future annual report notif	ication)				
For further information c	concerning this matter, please c	all:					
VANESA	PEREZ	305 917-7673					
Name o	d Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for the	he 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 tadditional copy is enclosed				
	INC ADDRESS	OTHE PERCAMBA					

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

	AMI, LLC.
(<u>Name of the Limited Liahili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L10000098805</u>	ompany were filed on 09/21/2010 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	PESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	tered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	City Zip Code
	 and agree to act in this capacity. I further agree to comply with a

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gallery 104, LLC	20900 NE 30th AVENUE	
		SUITE 603	⊟ Remove
		AVENTURA, FL 33180	Change
MGR	Funds Manager Columbus, LLC	20900 NE 30th AVENUE	■ Add
		SUITE 603	
		AVENTURA, FL 33180	
			□ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			Add
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in effective date is o <mark>te:</mark> If the date i	listed, the date r nserted in this	the date of filing must be specific and a block does not n Department of S	Leannot be prior neet the applic	to date of filing able statutory	or more than 9	(option) days after fil nents, this d	ing.) Purs	uant to 605.02 iot be listed :
		yed effective of ecord is filed.	late, but no	ot an effecti	ve time, at	12:01 a.r	n. on t	he earlier
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Filing Fee: \$25.00