

L11000000424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

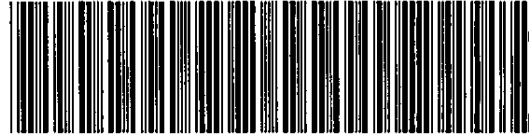
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900267130099

12/08/14--01034--005 \*\*30.00

DEC 15 2014

T CLINE

2014 DEC 15 11:00 AM

2014 DEC - 8 10:01:25

7-14-14

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMEB GROUP 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:

**ENNA DIEPPA**  
Name of Person  
**KIJOENNA SERVICES INC**  
Firm/Company  
**2141 SW 1ST STREET SUITE 110**  
Address  
**MIAMI, FL 33135**  
City/State and Zip Code  
**KRISJOENNA@YAHOO.COM**  
E-mail address: (to be used for future annual report notification)

RECEIVED  
SECRETARY OF STATE  
TALLHASSEE, FL  
2914 DEC -8 AM 11:25

For further information concerning this matter, please call:

**ENNA DIEPPA** at ( **305** ) **6443055**  
Name of Person 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



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THE WEST WOODS IMPORT AND EXPORT LLC	2141 SW 1ST STREET SUITE 110 MIAMI, FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ANTONIO E MONTEIRO	2141 SW 1ST STREET SUITE 110 MIAMI, FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARCELA B LUJAN	2141 SW 1ST STREET SUITE 110 MIAMI, FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BRIAN L MONTEIRO	2141 SW 1ST STREET SUITE 110 MIAMI, FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ESTEFANIA MONTEIRO	2141 SW 1ST STREET SUITE 110 MIAMI, FL 33135	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, 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 the Florida Department of State)

Dated DECEMBER 03, 2014

Signature of a member or authorized representative of a member

**ENNA DIEPPA**

Typed or printed name of signee

2014 DEC -6 PM 1:25  
FLORIDA DEPARTMENT OF STATE