

2011/AUG/11 THU 11:40

Division of Corporations

FLORIDA DEPARTMENT OF STATE

FAX No. (305) 883-6675

P. 001

Page 1 of 1

L11000091523

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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 : KV CARRIER SERVICES, INC.  
Account Number : 120080000029  
Phone : (305) 883-6262  
Fax Number : (305) 883-6605

\*\*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  
AMM WAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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B. BOSTICK

AUG 12 2011

EXAMINER

8/10/2011

2011/AUG/11/THU 10:41

KV CARRIER INSURANCE

FAX No. 305-688-6575

P. 003

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMM WAY 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:

ZOELYN IGLESIAS

Name of Person

KVC SERVICES LLC

Firm/Company

11790 NW S RIVER DR

Address

MEDLEY, FL 33178

City/State and Zip Code

KVCSERVICES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zoelyn Iglesias

Name of Person

at 305 883 6262

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

AMM WAY 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 08/09/2011 and assigned Florida document number L11000091523.

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 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)

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1 AUG 1 AM 8 3  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

**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

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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, Signature of New Registered Agent

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	ALEXANDRE MENEZES	4615 BRISTOL BAY WAY APT 101 TAMPA, FL 33619	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHELY SANTIAGO	4615 BRISTOL BAY WAY APT 101 TAMPA, FL 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALEXANDRE MENEZES	4615 BRISTOL BAY WAY APT 101 TAMPA, FL 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

Date: AUGUST 10, 2011

*Alexandre Menezes*

Signature of a member or authorized representative of a member

ALEXANDRE MENEZES

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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