# L12000/42688

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C. LEWIS

JAN 2 8 2013

EXAMINER

#### COVER LETTER

TO:

**Registration Section Division of Corporations** 

AFMX, 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:

#### HRISTINE J. PENDLETON

Name of Person

#### SOUTHEAST ACCOUNTING

Firm/Company

## 713 EAST ATLANTIC BLVD.

Address

### POMPANO BEACH, FL 33060

City/State and Zip Code

#### BALINT@AFMX.HU

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

For further information concerning this matter, please call:

# CHRISTINE J. PENDLETON at 954 941-7328

Name of Person

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)

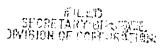
#### MAILING ADDRESS:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2013 JAN 25 PM 1: 21

AFMX LLC.		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.
The Articles of Organization for this Limited Liability Florida document number <u>L12000142688</u>	Company were filed on 11/13/201	2 and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
•	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Fatas Flor	ida street address
	Enter Flore	iau sii eei aaai ess
	City	, Florida Zip Code
	$\sim m_{\gamma}$	zip couc

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 = Managing Member

Title Name Address Type of Action

MGRM ITAMAR SAVIR 501 SOUTH OCEAN BLVD, UNIT 4

POMPANO BEACH, FL 33060

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	Signature of a member or authorized representative of	of a member		

Page 3 of 3

Filing Fee: \$25.00