# 13000079295

(Re	equestor's Name)	
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2015 AUG 13 PH 2: 15
SECRETARY OF STATE

K.SALY EXAMINER AUG 1 4 2015

# **COVER LETTER**

SUBJECT: AMERI		OWHH, LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Limit	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	JORGE L	OPEZ VERGARI	4
•	>ongo 1	Firm/Company	···········
	90 SW 3	3 street Suite 7	-2102
	miami j	FL 33130  City/State and Zip Code  Pen Como Lum  be used for futylire annual report notificat	lion)
For further information con	ncerning this matter, please cal	l:	
JORGE LONAME OF F	ORZ. VERGARA Person	at (305) 744 - Area Code Daytime Te	4808 elephone 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)

TO:

**Registration Section Division of Corporations** 

> 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

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2015 AUG 13 PM 2: 15

SECRETARY OF STATE

ds.)

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  $\frac{05/31/2013}{12013}$  and assigned Florida document number  $\frac{13000079295}{12013}$ .

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 contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	90 SW 3 street Suite - 12102 miami, fl 33130
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	90 SW 3 street Suite #2102 miami, fl 33130

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:	JORGE LOPEZ	YERGARA
New Registered Office Address:	90 SW 3 stree	t suite+2102
	Enter Florida st	reet address
	Miami	, Florida <u>FL</u> 33130
	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 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, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2015 AUG 13 PM 2: 15 **Type of Action Title** <u>Name</u> **Address** SEURETARY OF STATE TALLAHASSEE. FLORIDA \_□ Add ☐ Remove \_□ Change \_□ Add \_□ Remove \_□ Change \_□ Add ☐ Remove \_ Change \_□ Add \_□ Remove □ Change \_□ Add ☐ Remove \_□ Change  $\square$  Add □ Remove ☐ Change

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	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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`an effect <u>Vote:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier oth day after the record is filed.
ated	Signature of a member or authorized representative of a member
,	N Signature of a member or authorized representative of a member
	JORGE LOPEZ VERGARA  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00