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| TO: Registration Se | | | | | | |
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| SUBJECT. AMS | 2013, LLC. | | | | | |
| SUBJECT: | | ted Liability Company | | | | |
| The enclosed Articles of | Amendment and fec(s) are subi | mitted for filing. | | | | |
| Please return all correspondence | endence concerning this matter | to the following: | | | | |
| | Adam F. Go | lden, Esq. | | | | |
| | | Name of Person | | | | |
| | Kramer & Golden, P.A. | | | | | |
| | | Firm/Company | | | | |
| | 1175 N.E. 12 | 25th St, Suit | e 512 | | | |
| | | Address | | | | |
| | Miami, Florid | da 33161 | | | | |
| City/State and Zip Code | | | | | | |
| | afg@kgpalaw.com | | 14 | | | |
| | E-mail address: (i | to be used for future annual re | eport notification) تر | | | |
| For further information c | oncerning this matter, please ca | ıll: | j | <u> </u> | | |
| Adam Gold | en | 305 _{,89} | 99-1800 | 204 Jul 27 | | |
| Name o | f Person | Area Code | Daytime Telephone Number | 7 | | |
| | | | | Pr. | | |
| Enclosed is a check for t | he following amount: | | | $\dot{\Sigma}$ | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy | \$60.00 Filing Certificate of | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy
(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AMS 2013 LLC. | | | |
|--|--|---------------------|-------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000105991</u> . | were filed on 7/26/2013 | and ass | signed |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | |
| The new name must be distinguishable and end with the words "Limited Lial | bility Company," the designation "LLC" or | the abbreviation "l | L.L.C." |
| Enter new principal offices address, if applicable: | 231 174th Street, Unit 1 | 1212 | |
| (Principal office address MUST BE A STREET ADDRESS) | Sunny Isles Beach, Flo | rida 33160 | |
| Enter new mailing address, if applicable: | | 78140 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u></u> | |
| | | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. | | ter the name | of the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | | | |
| | , Florida , Florida | LZip 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 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 Title Name Address Type of Action Sophia Kushner 231 174th St, Unit 1212 MGR Sunny Isles Bch, FL 33161 Inna Birman MGR 2500 E. Hallandale Beach Blvd, Unit 607 □ Add Hallandale, FL 33009 ■ Remove Inna Birman 231 174th St, Unit 1212 **AMBR** Sunny Isles Bch, FL 33161 ☐ Remove **Dmitry Birman MGRM** 2500 E. Hallandale Beach Blvd, Unit 607 ☐ Add Hallandale, FL 33009 Remove □ Remove

| If amending any other information, enter change(s) here: (Attac | ch additional sheets, if necessary.) |
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| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date ar the date this document is filed by the Florida Department of State) | (optional) nd cannot be more than 90 days after |
| Dated January 22 , 2014 | |
| Dated | |
| Signature of a member or authorized repr | esentative of a member |
| Miorael Shir, as durable power of attorney for I | Dmitry Birman and Inna Birmar |
| Typed or printed name of | Ceianee |

Page 3 of 3

Filing Fee: \$25.00