## L17000116576

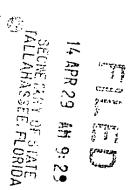
(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TEMPORE WAY OR SHIP

## **COVER LETTER**

TO: Registration Section
Division of Corporations

MIRIECT: AMG Renewables, 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:

## Daniel de Liege

Name of Person

Alliance Media Group Holdings, Inc.

Firm/Company

400 N Congress Ave, #130

Addres:

West Palm Beach, FL 33401

City/State and Zip Code

daniel@amgholdingsinc.com

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

For further information concerning this matter, please call:

Daniel de Liege

at 888 607-3555 x1006

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMG Henewables, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L13000116536	ompany were filed on 8-19-2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	LESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		he name of the new
		F PR
New Registered Office Address:	Enter Florida street address	32 3 C
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•	Zip Code
I hereby accept the appointment as registered agent a	and agree to act in this capacity. I further agr	ee to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 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> Name 1 **Address Type of Action** W Johan Sturm 400 N Congress Ave MGR West Palm Beach, FL 33401 Mark W. Koch 400 N Congress Ave MGR West Palm Beach, FL 33401 □ Add ☐ Remove \_□ Add □ Remove

i amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
Effective date, if other than the date of fil	ing:(optional)
The effective date must be specific, cannot be prior to the date this document is filed by the Florida Department.	date of receipt or filed date and cannot be more than 90 days after
Dated April 23	2014
2	
Daniel de Liege	a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

