# 113000131873

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
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## **COVER LETTER**

SUBJECT:	AMAE BU	JILDERS, LLC.	
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIE	ER RODRIGUEZ	
		Name of Person	
	AMAE	BUILDERS, LLC	
		Firm/Company	
	PO	BOX 151906	
		Address	
	CAP	E CORAL, FL 33915	
	<del></del>	City/State and Zip Code	<del></del>
	AMA	EBUILDERS@GMAIL.COM	
	E-mail address: (	to be used for future annual report notification	ation)
For further information c	oncerning this matter, please c	all:	
ELIER RODRI	GUEZ	239 362-7736 at ( )	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	ne 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

AMAE BUI	LDERS, LLC.		
( <u>Name of the Limited I</u> (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on _	09/17/2013	and assigned
Florida document numberL13000131873			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company l	<u>iere</u> :	
he new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	·		
Principal office address MUST BE A STREET A	DDRESS)		
	······································		
Enter new mailing address, if applicable:			7
Mailing address MAY BE A POST OFFICE BO.	<u> </u>		A S
			<b>68</b>
			79 <b>3</b> 77
<ol><li>If amending the registered agent and/or registered agent and/or the new registered office</li></ol>	.,	n our records, <u>er</u>	ter the name of the
egimered agent and/or the new registered office	addi ess nei e.		10 <sub>A</sub>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
_		, Florid:	
·	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUIS J. SILVA	22249 YONKERS AVE	<b>■</b> Add
		PORT CHARLOTTE, FL 33952	Remove
			☐ Change
			Add
			Remove
			Change
			Add
			ASSEE Change
			FLORIDA FLORIDA
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Filing Fee: \$25.00