L13000147512

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
- No. 1
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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May 11, 2021

GARETH QUISUMBING 5936 PROVIDENCE CROSSING TRAIL ORLANDO, FL 32839

SUBJECT: A MILLION BEADS LLC Ref. Number: L13000147512

We have received your document for A MILLION BEADS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

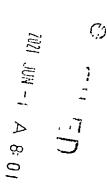
The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 121A00009874



COVER LETTER

TO: Registration S Division of Co		
SUBJECT: AM	ILLION BEADS LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	Gareth Quisumb	ping
		Name of Person
	A MILLION BEA	ADS LLC
	Firm/Company	
	e Crossing Trl	
		Address
	Orlando, FL 328	329
		City/State and Zip Code
	GarethQ.AMB@g	to be used for future annual report notification)
For further information (concerning this matter, please c	·
Gareth Quisum	bing	at (321) 251-7414
Name of Person		Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00) Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Cy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A MILLION BEADS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	ability Company)			
The Articles of Organization for this Limited Liability Company villerida document number <u>L13000147512</u> .	vere filed on October 21, 2013 and	l assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
AMB Businesses LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation	ı "L.L.C."		
Enter new principal offices address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the name of the	new registered		
Now Bories and Office Address.	N/A			
New Registered Office Address:	Emer Florida street address	 .		
	, Florida			
	City Zip Co	ode		
New Registered Agent's Signature, if changing Registered Agent:	_	O		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am fami <u>lia</u> r rovided for in Chapter 605, F.S. Or, if th <mark>is</mark> a	with and locument is		
company has been notified in writing of this change.	A	. 77		
	ထ္	J		
If Chan	ging Registered Agent, Signature of New Registered A	Agent		
11 611#11	been and and and and and an area are are are are are are are are ar	<u> </u>		

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Title Name **Address** _____ □Remove ______ □Change ______ □Add ______ Remove ______ Change _____ DAdd _ □Remove 191 _ 写Change _/ □Add .. D Remove _____ □ Change

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

					
					
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ctive date, if oth	er than the date of fil	ling: July 03, 202	21	(optional)	
effective date is listed	d, the date must be specific	and cannot be prior to date of meet the applicable sta	f filing or more than 90 (lays after filing.) Pu	irsuant to 605.026 Il not be listed !
ment's effective d	late on the Department (of State's records.			2021
ord specifies a dela filed.	ayed effective date, but	not an effective time, at 1	2:01 a.m. on the earli	er of: (b) The 9	0th ₁ day after the
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:d	May 27	2021			
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	gycon	f a member or pathyrized re	neacontative of		

Filing Fee: \$25.00