

Division of Corporations

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Florida Department of State
Division of Corporations
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(((H14000170915 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NATALIE M. BURNS PL
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AME TRANSMISSION LLC.

Certificate of Status	0
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Page Count	03
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RECEIVED

14 JUL 17 PM 4:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 JUL 17 AM 5:16

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H140001709153

AME TRANSMISSION LLC.

(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 03/17/2014 and assigned Florida document number L14000044792.

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 end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

THOMAS MICHAEL MCLEAN

New Registered Office Address:

1809 S. POWERLINE RD. SUITE 101

Enter Florida street address

DEERFIELD BEACH

City

Florida 33442

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.

7.17.2014
If Changing Registered Agent, Signature of New Registered Agent

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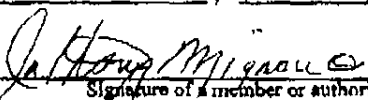
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 17, 2014



Signature of a member or authorized representative of a member
ANTHONY MIGNANO

Typed or printed name of signee

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