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## **COVER LETTER**

TO: Registration Sec Division of Corp		
	N SERRANO & ASSOCIATES LLC	
SUBJECT:	Name of Limited Liability Company	<del></del>
	Amendment and fee(s) are submitted for filing.  ndence concerning this matter to the following:	
	Nestor L Guillen	
	Name of Person	
	Globalbiz Tax & Business Consulting	
	Firm/Company	<del></del>
	2250 SW 3rd Avenue, Ste 500	
	Address	
	Miami, FL 33129	2014 APR 2
	City/State and Zip Code nlguillen@globalbizes.com	29 R
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Nestor L Guillen	305 831-4093	•••
Name of	f Person Area Code Daytime Telephone N	Number
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified 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

### **GUILLEN SERRANO & ASSOCIATES 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 Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 TĂL
(Principal office address MUST BE A STREET ADDRESS)		LA.
		200
		1.11 ( 1
Enter new mailing address, if applicable:		型 3
(Mailing address MAY BE A POST OFFICE BOX)		27 V
		30 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:		enter the name of the r
	Enter Florida street address	
		rida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and	d I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	S.C. Holding LLC	3968 NW 82ND WAY	<b>■</b> Add
		COOPER CITY, FL 33024-5061	□ Remove
AMBR	S.C. Holding LLC	2250 SW 3rd Avenue, Ste 500	
		Miami, FL 33129	Remove
			Remove—
		57 22 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Add Control of the co
			Remove
			Add
			□ Remove
			□ Add
			□ Remove

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ffective date, if other than the date effective date must be specific, cannot be date this document is filed by the Flori	ate of filing: (optional) 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 Flori 04/25/2014	ate of filing:
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he date this document is filed by the Flori 04/25/2014 Dated	da Department of State)
the date this document is filed by the Flori 04/25/2014 Dated	ate of filing:

Page 3 of 3

Filing Fee: \$25.00