

#L14000084551

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JALAPA, CALIFORNIA

K. SALY
EXAMINER
JUN 24 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2015

MG TAX SOLUTIONS CORP
MONICA GERMAN, EA
8637 ESCONDIDO WAY EAST
BOCA RATON, FL 33433

SUBJECT: SIMMAN NA, LLC
Ref. Number: L14000084551

RECEIVED
15 JUN 22 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SIMMAN NA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000034518 "AM RESOURCE USA CORP".

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 715A00011971

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIMMAN NA, 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:

MONICA GERMAN, EA
Name of Person
MG TAX SOLUTIONS CORP
Firm/Company
8637 ESCONDIDO WAY EAST
Address
BOCA RATON, FL 33433
City/State and Zip Code
mgtaxsol@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA GERMAN 954 554-7424
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SIMMAN NA, LLC

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

FILED
2015 JUN 22 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/27/2014 and assigned
Florida document number L14000084551.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A & M USA RESOURCES 2015 LLC

The new name must be distinguishable and contain 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)

250 SUNNY ISLES BLVD

APT.1103 - TOWER 3

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 SUNNY ISLES BLVD

APT.1103 - TOWER 3

SUNNY ISLES BEACH, FL 33160

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:

SAME

New Registered Office Address:

250 SUNNY ISLES BLVD - APT.1103 - TOWER 3

Enter Florida street address

SUNNY ISLES BEACH

City

, Florida 33160

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>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 26, 2015

ADRIANA SHAW

Typed or printed name of signee