

L14000094866

Florida Department of State
Division of Corporations
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AMGOO AMERICA LLC**

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June 8, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: AMGOO AMERICA LLC
REF: L14000094866

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please verify you listed Virna Lyssa Umana twice one to Add and name again with no Type of Action.

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.

Neysa Culligan
Regulatory Specialist II

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RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED 580134915
2015 JUN -5 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMGOO AMERICA 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 06/12/2014 and assigned
Florida document number L14000094866

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

3750 NW 114 AVE SUITE # 7

(Principal office address MUST BE A STREET ADDRESS)

DORAL FL 33178

Enter new mailing address, if applicable:

3750 NW 114 AVE SUITE # 7

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

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:

VIRNA LYSSA UMANA

New Registered Office Address:

3750 NW 114 AVE SUITE # 7

Enter Florida street address

DORAL

City

Florida 33178

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>
MGR	MARIA M. QUINONEZ ZELAYA	C/O 255 ALHAMBRA CIRCLE	<input type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		CORAL GABLES FL 33134	<input type="checkbox"/> Change
MGR	YING HUANG	C/O 255 ALHAMBRA CIRCLE	<input type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		CORAL GABLES FL 33134	<input type="checkbox"/> Change
MGR	VIRNA LYSSA UMANA	C/O 255 ALHAMBRA CIRCLE	<input type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		CORAL GABLES FL 33134	<input type="checkbox"/> Change
MGR	MARIA M. QUINONEZ ZELAYA	3750 NW 114 AVE	<input checked="" type="checkbox"/> Add
		SUITE # 7	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
MGR	VIRNA LYSSA UMANA	3750 NW 114 AVE	<input checked="" type="checkbox"/> Add
		SUITE # 7	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
MGR	VIRNA LYSSA UMANA	3750 NW 114 AVE	<input checked="" type="checkbox"/> Add
		SUITE # 7	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change

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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated June 05

2015

Signature of a member or authorized representative of a member

Virna Lyssa Umana

Typed or printed name of signee

H1000034915