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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.
Account Number : I20040000173
Phone : (407)298-4646
Fax Number : (407)297-0588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FAX AUDIT # H 160001912803

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amerima Enterprises, 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:

James K. Duerr, CPA

Name of Person

Small Business Resources USA, Inc.

Firm/Company

1601 Park Center Drive, Ste. 6A

Address

Orlando, FL 32835

City/State and Zip Code

JimD@sbrorlando.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James K. Duerr, CPA

at (407) 298-4646

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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

Amerima Enterprises, 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 August 25, 2014 and assigned Florida document number L14000111201.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

16745 Cagan Crossing Blvd.

Suite 102-90

Clermont, FL 34714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16745 Cagan Crossing Blvd.

Suite 102-90

Clermont, FL 34714

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
 City 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

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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>
AMBR	Nixia Soderlund	16475 Cagan Crossing Blvd.	<input checked="" type="checkbox"/> Add
		Suite 102-90	<input type="checkbox"/> Remove
		Clermont, FL 34714	<input type="checkbox"/> Change
AMBR	Keith W. Soderlund	16475 Cagan Crossing Blvd.	<input type="checkbox"/> Add
		Suite 102-90	<input type="checkbox"/> Remove
		Clermont, FL 34714	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated June 2 2016

~~X~~ MGRM
Signature of a member or authorized representative of a member

Keith Soderland, AMBR

Typed or printed name of signee

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Filing Fee: \$25.00

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