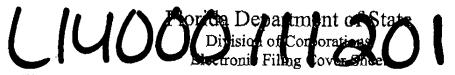
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SBR

Division of Corporations



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(((H16000191280 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SMALL BUSINESS RESDURCES USA, INC.

Account Number : I20040000173

: (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 16000191280 3

COVER LETTER

	legistration Se livision of Cor					
SUBJECT		interprises, LLC				
SUBJECT		Name of Lim	ited Liability Company	,		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	endence 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 numual report notif	ication)		
For further	r information c	oncerning this matter, please of	all:			
James K.	Duerr, CPA		407 298-4646 at ()			
	Nапас о	f Person		Telephone Number		
Enclosed i	s a check for t	ne 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		STREET/COURI Registration Section Division of Corpora	n		

P.O. Box 6327 Tallahassee, FL 32314 · Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FAX AUDIT # # 160001912803 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amerima Enterprises, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now somears on our records.) Lisbility Company)	<u> </u>		
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 liab	oility company here:			
The new name must be distinguishable and contain the words 'Limited Liabi	ility Company," the designation "LLC" or	the abbreviation	on "L.L	C."
Enter new principal offices address, if applicable:	16745 Cagan Crossing Blvd.	TAI TAI	5	_
(Principal office address MUST BE A STREET ADDRESS)	Suite 102-90			5 ± 4 €
	Clermont, PL 34714	15	1	ens.
		in C	<u> </u>) \$***(***),
Enter new mailing address, if applicable:	16745 Cagan Crossing Blvd.		î	Chamand J. J. A
(Mailing address MAY BE A POST OFFICE BOX)	Suite 102-90		ö	Menne
	Clermont, FL 34714	ář.	110	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		nter the na	ime o	f the new
	Enter Florida street address			
	, Florid	a		
Name 70 of changed a second of State of the control	City	Zip (Code	
New Registered Agent's Signature, if changing Registered Agent: 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 a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capacity, I furthe performance of my duties, and I provided for in Chapter 605, F.S.	am familia; Or, if this	r with docum	and nent is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

FAX AUDIT # H 160001912803

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Nixia Soderlund	16475 Cagan Crossing Blvd.	
		Suite 102-90	☐ Remove
	•	Clermont, FL 34714	☐ Change
AMBR	Keith W. Soderlund	16475 Cagan Crossing Blvd.	
		Suite 102-90	☐ Remove
		Clermont, FL 34714	☐ Change
			□ Remove
			□ Change
			□ Remove
			☐ Change
			Add Remove
			Sing On 17
			Change
			Remove
			(I) Change

CAX	AUDIT #	H 16 000 191 280 3
•		(Attach additional sheets, if nece

F	EAX AWIT # H160001	91 280 3
	tation, enter change(s) here: (Attach additional	
	•	

AN	1	(1)
mective date, is disted, the date of	ne date of filing: ust be specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605.0207
Vote: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing re	equirements, this date will not be listed as
a record specifies a delaye	ed effective date, but not an effective tim	e, at 12:01 a.m. on the earlier of
The 90th day after the re	cord is filed.	
ated	2016	
ated	<u> </u>	Reg 5
* nall	MERM	
1	Signature of a member or authorized representative of	a member
Keith Soderland, AMI	3R	<u> </u>
A TO THE PARTY OF	Typed or printed name of signee	The second secon
		507 3 8
	D 2 -42	<i>≃=</i> cn
	Page 3 of 3	Ori 🚁

Filing Fee: \$25.00