62

13055138605 From: Angle Corton

ອາ

0

Z.P.

بې

ro,

17



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000083892 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To;

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

From:

2916 APR 19 PH 12:07

...*C* 

ιĻ

Account Name : PANELL LAW GROUP, LLC Account Number : I20130000088 Phone : (305)513-8606 Fax Number : (305)513-8605

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

Email Address: eli@panell-law.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN EXCHANGE FINANCIAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APR 20 ENG J. HARRIS

Electronic Filing Menu Corporate Filing Menu

Help

٤.

#### 2016-04-19 16:01:15 (GMT)

13055138605 From: Angle Corton

(((H16000083892 3)))

#### **COVER LETTER**

TO: Registration Section Division of Corporations

AMERICAN EXCHANGE FINANCIAL SERVICES LLC

SUBJECT:

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:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

Name of Person

PANELL LAW GROUP, LLC

Firm/Company

8750 NW 36TH STREET, SUITE 425

Address

DORAL, FL 33178

City/State and Zip Code

eli@panell-law.com

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

For further information concerning this matter, please call:

ELI PANELL, ESQ., CPA, CFP(r) , LL.M.

Name of Person

305 513-8606 at (\_\_\_\_\_) Area Code Dayi

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 erclosed) □ \$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

(((H16000083892 3)))

-

To: Page 4 of 6

2016-04-19 16:01.15 (GMT)

13055138605 From: Angle Corton

(((H16000083892 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN EXCHANGE FINANCIAL SERVICES 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 <u>AUGUST 05, 2014</u> and assigned Florida document number <u>L14000122282</u>.

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 Compan	
Enter new principal offices address, if applicable:	26 5
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	55
	, Fl	orida 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

Page 1 of 3

100

100

To: Page 5 of 6

#### 2016-04-19 16:01:15 (GMT)

.

-- - - -

13055138605 From Angle Corton

: 2

· :

(((H16000083892 3)))

.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

### MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SEBASTIAN OHRWASCHEL	3785 NW 82ND AVENUE	🗃 Add
		STE 104, DORAL, FL 33166	
			Change
			🖸 Add
		·	Change
			🖸 Add
			Remove
			Change
			D Add
			Remove
			Change
			Add 57
	<u></u>		Change The
			Change

.

To: Page 6 of 6

## 2016-04-19 16:01.15 (GMT)

• .•

amend	ling any other information, enter change(s) here: (Attach additional sheets. if necessary,	(((H16000083 )
		- <u></u>
		<u></u>
		·
	<u> </u>	
ective	e date, if other than the date of filing:	D
te: If	the date is instead in this block does not meet the applicable statutory filing requirements, this date will's effective date on the Department of State's records.	vill not be listed a
recor he 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. o Oth day after the record is filed.	n the earlier
ted	4/4 20/60	
.eu	, end	
	Signature of a member or authorized representative of a member	
	ELI PANELL, ESQ., CPA, CFP(r), LL.M., AUTHORIZED REPRESENTATIVE	AP
	Typud or printed name of Signer	61 2 2 2 2
	Page 3 of 3	
	Filing Fee: \$25.00	9:2 9:2

(((H16000083892 3)))

STATE ORIDA