

U4000138401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

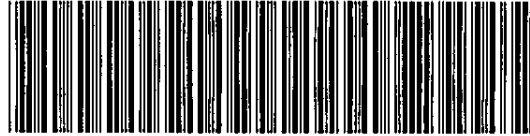
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TOLSON BUILDING  
COLUMBIA, MO

AUG 25 2015

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A&M SERVICES INT'L GROUP, 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:

Julieth Carrascal  
Name of Person

Servimax Services, LLC  
Firm/Company

5911 NW 173 Drive # 8  
Address

Hialeah, FL 33015  
City/State and Zip Code

servimaxservices@gmail.com  
E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL

For further information concerning this matter, please call:

Julieth Carrascal      305      209-7749  
Name of Person      at (      )      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

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

A&M SERVICES INT'L GROUP, 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 08/27/2014 and assigned Florida document number L14000138401.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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STATE  
SECRETARY

**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:

ALBERTO GOMEZ

New Registered Office Address:

400 NW 98TH AVENUE

*Enter Florida street address*

PEMBROKE PINES

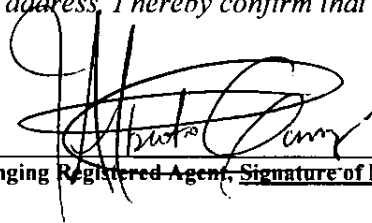
Florida 33024

*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**

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	LUIS GOMEZ	3420 FOXCROFT ROAD # 301	<input type="checkbox"/> Add
		MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALBERTO GOMEZ	400 NW 98TH STREET	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE GOMEZ	400 NW 98TH STREET	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF THE  
 TULSA COUNTY BOARD OF  
 HEALTH SERVICES  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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 AUGUST 20 2015

Handwritten signature of Alberto Gomez

Signature of a member or authorized representative of a member

ALBERTO GOMEZ

Typed or printed name of signee

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