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(Da	equestor's Name)	
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPTON

COVER LETTER

Division of Corp	
AM UNIV	ERSAL ENDEAVORS, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	ALEXANDER MANSUR
	Name of Person
	AM UNIVERSAL ENDEAVORS, LLC
	Firm/Company
	249 E PISA PL
	Address
	ST AUGUSTINE, FL 32084
	City/State and Zip Code ALEXANDER.MANSUR@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
ALEX MANSUR	904 626-0337
Name of	
Enclosed is a check for the	: following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

(Name of the Limited Liability Compa	any as it now appears on our records.)	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000141044</u> .	were filed on 09/09/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
AM INSPECTIONS & PROPERTY SERVICES, LLC		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		SECH NO
(Principal office address MUST BE A STREET ADDRESS)		
		SSS 9 m
Enter new mailing address, if applicable:	2800 N 6TH ST UNIT 1	PH IZ:
(Mailing address MAY BE A POST OFFICE BOX)	PMB# 228	NTE REE
	ST AUGUSTINE, FL 32084	>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	r <u>e</u> :	ter the name of the ne
	Enter Florida street address	
	, Florida	Zip Code
	City	ыр Сойс

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	
			☐ Remove
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			SEURETATY OF TATE Remove
			HASSE 19
			SEE. FLA
			Remove
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			☐ Add
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f amending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) t be more than 90 days after
Dated NOVEMBER 12TH, 2014.	
Δ	
Signature of a member or authorized representative	ve of a member
ALEXANDER MANS Typed or printed name of signee	,

Page 3 of 3

Filing Fee: \$25.00