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(Ci	ty/State/Zip/Phone	e#) .
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COVER LETTER

Division of Corp	orations				
SUBJECT: AM	DEL MONIQUE	LLC .			
	1,2110 01 21111	ou zaomy company			
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	dence concerning this matter t	a the following:			
ricase tetarn an correspon	dence concerning this matter	o the following.			
	Amber B	Name of Person			
	A				
	<u>Amber Mor</u>	iique, LLC			
		Firm/Company			
	1310 SW	78th Way			
				201	
	Pembedee P	ines FL. 33025	<u>`</u>	- S	
	A .	_		製造の	KTHE MAN
	F-mail address: (1	61 n@ amail, com	Cation)	క్ల ^{క్ల} ఉ	
5		•	-		
For further information con	ncerning this matter, please ca	II:	,	등 등 -	
Amhac Bir	Cord	10511 20D-M	777		A No.
Name of	Person	at (<u>OSY) 260-6</u> Area Code Daytime	Telephone Number		
		·	•		
Enclosed is a check for the	_				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Certificate of		
	confineate of Status	(additional copy is enclosed)	Certified Cop	ру	
			(additional copy	y is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Ambre N	<u>lavique</u>	, LLC			
(<u>Name of the Limited I</u> (A)	<mark>Liability Company</mark> Florida Limited Liab	<u>ås it now appears on our reco</u> pility Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Liabi	lity Company we	ere filed on <u>19/19/</u>	14	and assign	ed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabilit	y company here:			
The new name must be distinguishable and end with the wor	ds "Limited Liabilit	y Company," the designation "L	.LC" or the abbrev	riation "L.L.(C."
Enter new principal offices address, if applicabl	e:	1310 SW 8	8th Wa	ч	
(Principal office address MUST BE A STREET A	ADDRESS)	1310 SW 87 Pembroke Pi	nes, FL	<u> 5</u> 30	125
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- - - - -	1310 SW S Pembroke Pinc	?8th W. S.,FL.3	24 3025	
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our recor	ds, enter the	name of	the new
Name of New Registered Agent:	HypeGir	15 LLC	25 S	FEB -B	Character constrain
New Registered Office Address:	7401 His	panola * 1405		<u> </u>	
-	N. Bay	Enter Florida street addr.	Florida $\frac{2}{2}$	2 3 4 ip 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			☐ Remove
			Add
			Remove
			And The Reffigive
			SSEE FL
			Add Add W
			□ Remove

f amending any other information, enter change(s) here: (Attach	additional sneets, if necessary.)
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e effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	
ated Lan wat 24, 2015.	cannot be more than 90 days after
ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date and ne date this document is filed by the Florida Department of State) ated	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

