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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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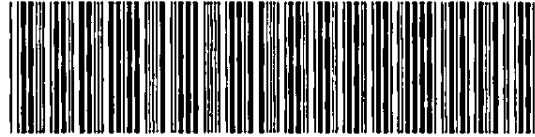
(Business Entity Name)

(Document Number)

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2019 JAN 31 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 01 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMSA DEVELOPMENT GROUP LLC  
Name of Limited Liability Company

2019 JAN 31 PM 1:12  
RECEIVED  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MABEL MELENDI

Name of Person  
AMSA DEVELOPMENT GROUP LLC

Firm/Company  
16921 NW 78TH CT

Address  
MIAMI LAKES, FL 33016

City/State and Zip Code  
MABELM05@MAIL.COM

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

For further information concerning this matter, please call:

MABEL MELENDI 786 277-6942  
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**

AMSA DEVELOPMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 JAN 31 PM 1:12  
RECEIVED  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/24/2014 and assigned  
Florida document number L14000190145.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(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, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: AMAURY MARTINEZ

New Registered Office Address: 16921 NW 78TH CT

*Enter Florida street address*

MIAMI LAKES, Florida 33016

*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>
MGR	MABEL MELENDI	16921 NW 78TH CT MIAMI LAKES, FL. 33016	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMAURY MARTINEZ	16921 NW 78TH CT MIAMI LAKES, FL. 33016	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated JANUARY 25 2019

Typed or printed name of signee