

L14000190424

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BARBOSA LEGAL
Account Number : T20110000049
Phone : (305) 501-4680
Fax Number : (305) 359-9543

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

Email Address:BBARBOSA@BARBOSALEGAL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AML ESTATE, LLC**

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15 JUN 30 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2015 JUN 30 AM 8:06

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H150001609333

N. Culligan

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H150001609333

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **AML ESTATE, 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:

Bruna Barbosa

Name of Person

Barbosa Legal

Firm/Company

407 Lincoln Road PH-NE

Address

Miami Beach, FL 33139

City/State and Zip Code

bbarbosa@barbosalegal.com

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

For further information concerning this matter, please call:

Bruna Barbosa

Name of Person

at **(305) 501-4680**

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

H150001609333

ARTICLES OF AMENDMENT 2015 JUN 30 AM 8:06
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AML ESTATE, 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 12/12/2014 and assigned
Florida document number L14000190424.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1871 NW S. RIVER DR, UNIT 1706

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33125

Enter new mailing address, if applicable:

1871 NW S. RIVER DR., UNIT 1706

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33125

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:

n/a

New Registered Office Address:

Enter Florida street address

City

, Florida

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

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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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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n/a

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 29th, 2015

/s/ Bruna Barbosa

Signature of a member or authorized representative of a member

Bruna Barbosa, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA