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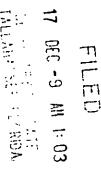
(Ře	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMF BUILD and Pehab LCC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
April F. Betancer	
Firm-Company	
19224 NW 23 PL	
Pembroke Pines, FL 33029	
Pembroke Pines, FL 33029 City State and Zip Code natalialarapa gmail.com E-mail address: (to be used for future annual report nonfication)	
For further information concerning this matter, please call:	
Name of Person at (786) 718 4410 c Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

ny as it now appears on our records.)				
	. <u>S</u> ar	nd assi	igned	
lity Company," the designation "LLC" or the	abbreviati	on "[,,]	IC."	
19224 NW 23 PL				
Pembroke Pines,	FL 3	<u>33C</u>	29	
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		17		
		<u> </u>	-17	
Enter Florida street address . Florida		0-9		
Ciry	₹ Xip	<u>∵</u> ,775°		
performance of my duties, and I an provided for in Chapter 605, F.S. O	i familic r. if this	ır witi docu	h and ment is	
	ility company) were filed on	inter Florida street address Enter Florida street address Enter Florida street address Enter Florida street address Enter Florida copacity. I further agree to performance of my chaties, and I am familic provided for in Chapter 605, F.S. Or, if this	were filed on	

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>	Address	Type of Action
NERM	Armando Monray	2235 quail Poost Dr	
	· ·	2235 quail Roost Dr Weston, FL 33327	Remove
			Change
MGRM	Natalia Lara	19224 NW 23 PL. Pembroke Pines, FL 3	j Add
		Pembroke Pines, FL 3	Remove
			🗆 Change
.			
			Remove
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			Change
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			□ Remove
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it amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effec <u>Note:</u> II	te date, if other than the date of filing:	0201 ed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er o
Dated _	November 28 2017	
	Signature of a member or authorized representative of a member	
	ANEL BETANCOR Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00