

LIS000103909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

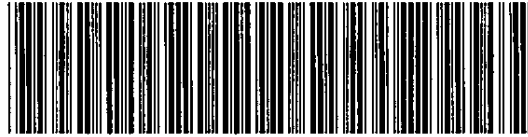
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100275493011

07/31/15--01032--002 **25.00

FILED
2015 JUL 31 P 2 14
CLERK OF COURT
JUL 31 2015

AUG 03 2015

3 MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: *AMF INDUSTRIAL, 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:

Jesika Diaz

Name of Person

Law Offices of Alex D. Sirulnik, P.A.

Firm/Company

2199 Ponce de Leon, Suite 301

Address

Coral Gables, FL 33134

City/State and Zip Code

jdm@sirulnik.law.com

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

For further information concerning this matter, please call:

Jesika Diaz

305 443-7211
at ()

Name of Person

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

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Amending to reflect current Manager's complete legal name and correct address:

Please replace Carlos Arocha with Carlos Jose Arocha Estrada.

Address: 4081 NW 79th Avenue, Doral, FL 33166

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 30, 2015

Michael J. Liberatore, Legal Affairs Coordinator
Signature of a member or authorized representative of a member

MICHAEL J. LIBERATORE

Typed or printed name of signer

FILED
JUL 31 P 2:11
2015