

L15000 165 836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

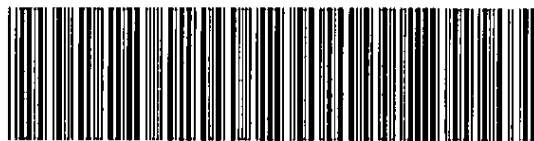
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/10/20--0100--010 **25.00

2020 JUN 10 AM 10:50

2020 JUN 10

Amend

JUN 10 2020

CLERK/NOTION

COVER LETTER

**TO: Registration Section
Division of Corporations**

Ahmi Consulting and Services LLC

SUBJECT: _____
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:

Vanester Jones

Name of Person

Ahmi Consulting and Services LLC

Firm/Company

1225 E. River Drive

Address

Margate, FL 33063

City/State and Zip Code

busy.me@icloud.com

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

For further information concerning this matter, please call:

Van Jones

954

805-0177

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ahmi Consulting and Services 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 10/26/2011 and assigned
Florida document number 115000165836

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not applicable. NA

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)

Not applicable. NA

Not applicable. NA

Not applicable. NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Not applicable. NA

Not applicable. NA

Not applicable. NA

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:

Not Applicable. NA

New Registered Office Address:

Not applicable. NA

Enter Florida street address

Not applicable. NA

Florida

Not applicable. NA

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	Vanester Jones	1225 E River Drive	<input checked="" type="checkbox"/> Add
		Margate, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Vanester Jones	1225 E. River Drive	<input type="checkbox"/> Add
		Margate, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

A handwritten signature in black ink on lined paper. The signature consists of two stylized, overlapping capital letters, 'N' and 'A', followed by a horizontal line extending to the right. The 'N' is formed by a single continuous stroke, and the 'A' is also formed by a single continuous stroke, with the two letters overlapping significantly. The horizontal line is drawn across the middle of the 'A' and extends to the right.

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

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 6/3/2020, 2020

Vanester Jones
Signature of a member or authorized representative of a member

Vanester Jones
Typed or printed name of signee