

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L15000186679**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000200659 3)))



H220002006593ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850)617-6382

## From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A&M PROPERTIES INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 JUN -9 AM 10: 03

FILED  
2022 JUN -9 PM 3: 23  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help EMEIUX

JUN 13 2022

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
A&M PROPERTIES INVESTMENTS LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 11/03/2015 and assigned Florida document number: L15000186679

Article I

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."

Article II

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**)

\_\_\_\_\_

Article IV

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:

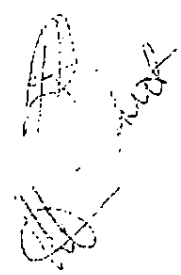
New Registered Office Address:

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

FILED  
2022 JUN -9 PM 3:23  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA



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

Title	Name	Address	Type of Action
AMBR	MESQUITA DE OLIVEIRA, WAGNER	2966 LUCAYAN HARBOUR CIR, #8-106 KISSIMMEE, FL 34746	REMOVE <input type="checkbox"/> ADD <input checked="" type="checkbox"/>

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

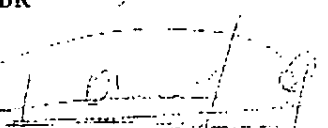
---

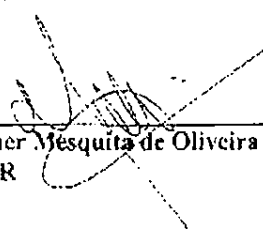
D. Effective date, if other than the date of filing: (optional)

(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 03<sup>rd</sup>, 2022

  
\_\_\_\_\_  
Anna Paula Rosendo Mesquita de Oliveira  
AMBR

  
\_\_\_\_\_  
David Gustavo de Azambuja  
AMBR

  
\_\_\_\_\_  
Wagner Mesquita de Oliveira  
AMBR