

L15000213546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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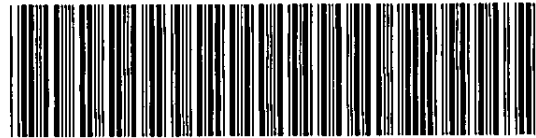
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REC'D 2016
BRIAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Management Group of South Florida
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SMAHANE N. NAGHOUM
Name of Person
USA LAW GROUP
Firm/Company
111 NE 1st Street FL9
Address
MIAMI FL 33132
City/State and Zip Code
usalaubgroup@gmail.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SMAHANE NAGHOUM at (786) 457 2646
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

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TALLAHASSEE, FLORIDA

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

AMERICAN MANAGEMENT GROUP OF SOUTH FLORIDA 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 12/28/2015 and assigned
Florida document number L15000213546.

This amendment is submitted to amend the following:

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."

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)

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:

Amjad Theeb
1745A N University Dr
Plantation, Florida 33322
City Zip Code

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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.

Amjad Theeb
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>
MGMR	DIANA NAKARRO	1745 A N University Dr	<input type="checkbox"/> Add
		Plantation FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Amjad Theeb	1745 A N University Dr	<input checked="" type="checkbox"/> Add
		Plantation FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SMAHANE NAGHAM	111 NE 1st Street FL 9	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

03/01 2016

Signature of a member of the _____

Signature of a member or authorized representative of a member

Diana Navarro

Typed or printed name of signee

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