

L16 000002205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

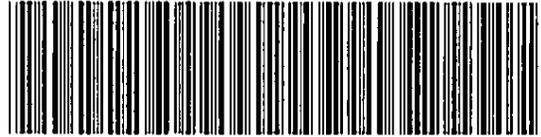
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMG Accounting Solutions, 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:

Margarita Toro

Name of Person

AMG Accounting Solutions, LLC

Firm/Company

250 International Parkway, Suite 212

Address

Lake Mary, Florida 32746

City/State and Zip Code

margo@torocpa.com

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

For further information concerning this matter, please call:

Margarita Toro

407 915-4577

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

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>
AMBR	Cesar Toro	5041 Stonebark Cove	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Margarita Toro	501 Stonebark Cove	<input type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

N/A

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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 December 28, 2019

→ [Signature]
Signature of a member or authorized representative of a member

→ Margurita Torso
Typed or printed name of signee