

12/20/2019

Division of Corporations

L16000020928

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BEST PRO SERVICES INC
Account Number : 120140000068
Phone : (727)504-1870
Fax Number : (727)683-9500

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

Email Address: 4help123@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RIDES AND ATTRACTIONS FACTORY, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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Help
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIDES AND ATTRACTIONS FACTORY, 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:

ABRAMOV, MIKHAIL

Name of Person

AMAFinancil Grup LLC

Firm/Company

121 NE 34TH STREET UNIT 3015

Address

MIAMI, FL 33137

City/State and Zip Code

4help123@gmail.com

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

For further information concerning this matter, please call:

ABRAMOV, MIKHAIL

786 635-6073
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 &
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☐ \$55.00 Filing Fee &
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(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

RIDES AND ATTRACTIONS FACTORY, 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 01/29/2016 and assigned Florida document number L1600020928.

This amendment is submitted to amend the following:

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

AMA Financial Group LLC

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)

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en LLC

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:

Enter 1-formula street address

_____, **Florida** _____
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>
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Dated December 20, 2019

ABRAMOV, MIKHAIL.

Typed or printed name of signee

Filing Fee: \$25.00