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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Ви	ısiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Seconds Division of Cor			•
SUBJECT:	ami Foreign	Affairs LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	tó the following:	
	Michelle	Name of Person	
	7 Pre-In r 3	Name of Person	
	Miami	Foreign Affeir	TS LCC.
	11653 Fw 14	3 Ave ·	3 20 20 20 20 20 20 20 20 20 20 20 20 20
	Miami	TL 33 N6 City/State and Zip Code	
	Miamiforeigns E-mail address: (1	to be used for future annual report notific	PH 3: 03
For further information co	oncerning this matter, please ca	all:	**
Name of	Person	at (305) 904 - (Daytime	C645 · Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			A1125	LLC.			
	(Name of the Limited Li (A F	ability Company as it no lorida Limited Liability Co	w appears on ompany)	our records.)			
	rticles of Organization for this Limited Liabili a document number <u>L160004923</u>		d on <u>03</u>	109/20	216	and assig	ned
	mendment is submitted to amend the followin						
A. If	amending name, <u>enter the new name of the</u>	limited liability com	pany here:				
The nev	w name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designa	tion "LLC" or th	ne abbrev	iation "L.L.	C."
Enter	new principal offices address, if applicable	• —					4,0
(Princ	ipal office address MUST BE A STREET AI	DDRESS)	·		-	16 E	
				, <u>.</u>		ال ال	
Enter	new mailing address, if applicable:					72	
(Maili	ng address MAY BE A POST OFFICE BOX	<u> </u>		<u></u>		<u>ः</u> ट	<u>35</u>
						ري .	757
	amending the registered agent and/or reced agent and/or the new registered office		ress on our	records, en	<u>ter the</u>	name of	the nev
	Name of New Registered Agent:	<u></u> `	· <u></u>		•	. —	
	New Registered Office Address:						<u></u>
	-	1	Enter Florida str	eet address			
	<u> </u>			, Florida		 	
		City			2	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>	Name	<u>Address</u>	Type of Action
MGR	Erick Madrid	11653 sw 143 Ave.	Add
			☐ Remove
			Change
			Add
			□ Remove
			□:Change
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t If the date inserted in this be ment's effective date on the D	ist be specific and cannot be prior to date of filing lock does not meet the applicable statutory department of State's records.	filing requirements, this date will not	be list
ecord specifies a delaye e 90th day after the rec	d effective date, but not an effecti cord is filed.	ive time, at 12:01 a.m. on the	earli
1 08/01/2	, 2016.		
		, ,	
	Signature of a member or authorized represent	tative of a member	
~	Signature of a member or authorized represent	tative of a member	

Page 3 of 3

Filing Fee: \$25.00