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FILING CANCELLED RETURNED CHECK

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COVER LETTER

FILING CANCELLED RETURNED CHECK

TO: Registration Section
Division of Corporations

American Mint Coins LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Marc Zweifler		
		Name of Person	.
	American Mint Coins		
		Firm/Company	.
	1111 Hypoluxo Rd 210		
		Address	
	Lantana Fl 33462		
		City/State and Zip Code	
	mare.amclle@gmil.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
marc Zweifler		561 908-4894 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

FILING CANCELLED ARTICLES OF AMENDMENT RETURNED CHECK

TO ARTICLES OF ORGANIZATION



American Mint Coins LLC

(Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

		14.74.
The Articles of Organization for this Limited Liability		and assigned
Florida document number L16000118553	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, <u>enter the name of the n</u>
Together and of the new registered office and	ares not o	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
	City	, Florida
Non-Desistand Assetts Comptune if they is Desistant	•	Σφ coue
New Registered Agent's Signature, if changing Register	eu Agent:	
I hereby accept the appointment as registered agen	t and agree to act in this capacity.	I further agree to comply with t

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	Address	Type of Action
ambr	Michael Skulski		□ Add
			Remove
			□ Change
ambr	Anthony Tursi	THE STATE OF THE S	■ Add
			□ Remove
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ective 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
ent's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be lee Department of State's records.
ord specifies a delay 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the ear
John day after the r	
March 7th	2017

Page 3 of 3

Filing Fee: \$25.00