

L16000204657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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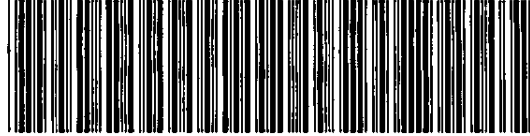
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AM61 360 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:

MAGDIEZ GUILARTE - GOMEZ
Name of Person

AM61 360 LLC
Firm/Company

5148 SUMMER HILL DR.
Address

LEHIGHVILLE, FL - 33542
City/State and Zip Code

MGPROFESSIONAL LLC@EMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAGDIEZ GUILARTE - GOMEZ at (813) 453-3394
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

AMEI 360 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 11/07/2016 and assigned
Florida document number L16000204657.

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:

MAGNIEL GUILARTE-GAMEZ

New Registered Office Address:

5748 SUMMER HILL DR.

Enter Florida street address

SEPTYR HILLS

City

Florida

33542

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>
AMBR	MARCELO QUINATE-GAMEZ	5148 SUMMER HILL DR.	<input type="checkbox"/> Add
		2 EPHYRHILLS, FL. 33542	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ADA YSIS GOMEZ	5148 SUMMER HILL DR.	<input type="checkbox"/> Add
		2 EPHYRHILLS, FL. 33542	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I REALIZE I DID NOT WRITE MY FULL
NAME ON SUNBIZ.ORG UPON FILING. PLEASE
CHANGE ALL ENTRIES FOR "MAGDIEL GULLARTE"
TO "MAGDIEL GULLARTE-GAMEZ." ALSO, I CHOSE
ERRONEOUS TITLES THAT DO NOT PERTAIN TO
AN LLC. SO I HAVE AMENDED BOTH TITLES
FROM "CEO/COO" TO "AMBR." THANK YOU
IN ADVANCE FOR YOUR DILIGENCE IN THE
MATTER!

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E. Effective date, if other than the date of filing: 11/1/16 (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 NOVEMBER 17, 2016.



Signature of a member or authorized representative of a member

MAGDIEL GULLARTE-GAMEZ
Typed or printed name of signer