Division of Corporations Electronic Filing Cover Sheet

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(((H16000288343 3)))



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316 NOY 22 PM 5: DE Beurlöany de state Llahassee, florio

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COVER LETTER

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	legistration Se livision of Cor			
SUBJECT	AMERICA	n group enterprises, i	LLC.	
SOBJECT		Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		Janixa Ramos		
			Name of Person	
			Firm/Company	
		7537 NW 7th Avenue		
			Address	
		Miami, FL 33150		
			City/State and Zip Code	
		Corporations@dcsmiami.co	om to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please c	ail:	
Janixa Ramos			305 758-9001	
Name of Person				e Telephone Number
Enclosed is	s a check for th	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 Fax: (888) 501-2390

To: 8506176383@rcfax.con Fax; +18506176383

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(((H16000288343 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN GROUP ENTERPR	•				
(Name of the Lim	ted Lability Company (A Florida Limited Lia	as it now appears on ou- bility Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on 11/15/2016			and assigned		
This amendment is submitted to amend the fol	lowing:		٠		
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: It new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)					
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if appli	cable:	······································			
Principal office address MUST BE A STRE	ET ADDRESS)		, 32.4., F =	76	
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Enter new mailing address, if applicable:	-		MS C	:	
Malling address MAY BE A POST OFFICE	BOX)			77	1
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			58		
		ce address on our r	ecords, enter the	name of	f the me
Name of New Registered Agent:	CESAR O BUITE	RAGO PARIAS			
New Registered Office Address:	7611 NW 7 AVE	NUE			
		Enter Florida stree	t address		
	MIAMI		, 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

MGR = Manager

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
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			Change
			Add
			☐ Remove

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D. If amer	nding any other informa	ation, enter change(s) here: (Attach additiona	al sheets, if necessary.)		
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E. Effectiv	e date, if other than the	date of filing:	(optional)		
(If an effective Note: 1:	ctive date is listed, the date mus f the date inserted in this bl	at be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing re	than 90 days after filing.) Pu couirements, this date wil	irsuant t I not be	o 605.020 : listed a:
		epartment of State's records.	,,		
If the reco	ord specifies a delayed	d effective date, but not an effective tim	e, at 12:01 a.m. on	the e	ariier o
(b) The 9	90th day after the rec	ord is filed.			
<u>.</u>		****			
Dated	November 17	2016			
		12 To			
		- N.C. 341111111 14111111 1			

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Typed or printed name of signee

CESAR O. BUITRAGO PARIAS

Filing Fee: \$25.00