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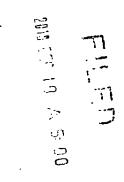
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D. SCOTT BEC 1 9 2018

COVER LETTER

Division of Corp			
-	SULTING SERVICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ASHLIE JOHNSON		
		Name of Person	
	AMB CONSULTING SEE	RVICES, LLC	
		Firm/Company	
	8954 SW 224 TER		· 2部 · · · · · · · · · · · · · · · · · · ·
		Address	
	CUTLER BAY, FL 33190	•	
		City/State and Zip Code	
	ASHLIE.M JOHN@GMAI		
	E-mail address: (to be used for future annual report notif	ication) Çn
For further information co	oncerning this matter, please ca	all;	•
ASHLIE JOHNSON		786 229-0043	
Name of	Person		: Telephone Number
Enclosed is 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)
Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMB CONSULTING SERVICES,						
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears on liability Company)	our records.)			
The Articles of Organization for this Limited Li Florida document number L17000008850	ability Company	were filed on 01/11/2	2017	ar	id assigno	ed
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the design	nation "LLC" or the	abbreviati	on "L.L.C.	
Enter new principal offices address, if application	able:	8954 SW 224 TER		•:	3	
(Principal office address MUST BE A STREE		CUTLER BAY, FL	33190	•.	<u>-</u>	۱۱
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	8954 SW 224 TER CUTLER BAY, FL	33190		5: 00	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address here	ffice address on ou <u>e</u> :	ır records, <u>ent</u>	er the <u>n</u>	ame of 1	<u>the</u> nev
Name of New Registered Agent:	ASHLIE JOHN	SSON				
New Registered Office Address:	8954 SW 224 T	TER				 _
		Enter Florida:				
	CUTLER BAY		, Florida	33190		
		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.

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

Title	Name	Address	Type of Action
MGR	ASHLIE JOHNSON	8954 SW 224 TER CUTLER BAY, FL 33190	■ Add
			☐ Remove
			Change
			□ Remove
			Change
			☐ Add
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Filing Fee: \$25.00