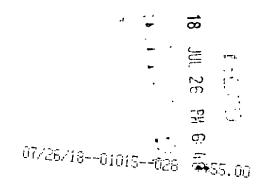
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S. PRATHER

COVER LETTER

		stration Sect sion of Corp				
e110 112			ULTING, LLC,			
SUBJEC	J16 .	-	Name of Lim	ited Liability Company		
The encl	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	eturn :	all correspon	dence concerning this matter	to the following:		
			Moshe Etzioni			
				Name of Person		
				Firm/Company		
951 Brickell Avenue, Unit # 2810						
				Address		•
			Miami, FL 33131			_
			metzioni@gmail.com	City/State and Zrp Code		
			E-mail address: ()	to be used for future annual rep	port notification)	
For furth	ner in	formation col	ncerning this matter, please ca	all:		
Moshe	Etzic	ni		917 9401 at ()		
		Name of	Person	Area Code	Daytime Telephone Number	-
Enclosed	d is a	check for the	following amount:			
□ \$25.	00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	ite of Status &

MAILING ADDRESS:

TO:

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

ETZI CONSULTING, LLC.		· 2 6
(Name of the Limited Li (A F	iability Company as it now appears on our reco lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on March 7 2017	
Florida document number L1700053122		PI ·
This amendment is submitted to amend the following	uā:	o
A. If amending name, enter the new name of the	limited liability company here:	
AMLI Group, LLC,		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		Florida
	Cuy	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>	Type of Action
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			☐ Change
			□ Add
			☐ Remove
			□ Change
			□ Add
			Remove
			☐ Change
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Page 3 of 3

Filing Fee: \$25.00