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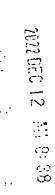
| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
|                         |                    |             |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration S<br>Division of Co |  |   | es.   |
|--------------------------------------|--|---|---|
| CHDIECT.                             | AMBY SERVI                                   | ces UC  |   |
| 30BJEC1                              | Name of Lin                                  | nited Liability Company   | <u> </u>  |
| The enclosed Articles o              | f Amendment and fee(s) are sub               | omitted for filing.   |   |
| Please return all corresp            | ondence concerning this matter               | to the following:   |   |
|                                      | MARY   | Bowstin<br>Name of Person   |   |
|                                      | AMBY   | Bothstein<br>Name of Person  Services LLC Firm/Company              |   |
|                                      | 243 Brow                                     | ~ HAMMOCK RD. Address   | · 20  |
|                                      | CRESCENT (                                   | City FL 3'2112 City/State and Zip Code                              | 2022 DEC 12   |
|                                      | amb 4 Servi<br>E-mail address:               | to be used for future annual report not                             | 1 Com   |
| For further information              | concerning this matter, please e             |   | fication)   |
| ADAM B                               | chn Hein<br>of Person                        | at ( <u>352</u> ) <u>- 504 -</u><br>Area Code Daytim                |   |
| Enclosed is a check for t            | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addre                        |  | Street Address:   | otion   |
| Registration<br>Division of C        |  | Registration Se<br>Division of Cor                                  |   |
| P.O. Box 63.                         |  | The Centre of T   |   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AMBY  | SERVICES  | UC                                      |                 |  |                     |
|---|---|---|-----------------|--|---------------------|
| (Same of the Limit  | ted Liability Company as it now<br>(A Florida Limited Liability Com | pany)                                   |                 |  |                     |
| The Articles of Organization for this Limited L   |   | on 03/16/20                             | 17              | _ and as                                       | signed              |
| Florida document number <u>L 170000</u> 5   | 56280   |   |                 |  |                     |
| This amendment is submitted to amend the follo  | owing:  |   |                 |  |                     |
| A. If amending name, enter the new name o   | of the limited liability compa                                      | any here:                               |                 |  |                     |
| The new name must be distinguishable and contain the w  | vords "Limited Liability Company                                    | ," the designation "LLC" o              | r the abbre     | viation "I                                     | L.C."               |
| Enter new principal offices address, if applic  | cable:  | <del>-</del> .                          |                 |  |                     |
| (Principal office address MUST BE A STREE   | ET ADDRESS)   | •                                       |                 | ~ 1  | <del></del>         |
|   |   |   | <u> </u>        | Tezh DEG                                       | • • •               |
| Enter new mailing address, if applicable:   |   |   | ·               |  | · ,                 |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX)</u>   |   |                 | <u> </u>                                       | <u>:</u>            |
|   |   |   |                 | က္က  | <del></del>         |
| B. If amending the registered agent and/or r<br>agent and/or the new registered office addres |   | our records, enter th                   | <u>e namę c</u> | <u>)i the ne</u>                               | <u>w registered</u> |
| Name of New Registered Agent:   | ADAM  | Bornstein                               |                 |  |                     |
| New Registered Office Address:  | 243 BROWN<br>ENCRESCENT C   | J Hammede<br>ter Florida street address | _L              | <u>,                                      </u> |                     |
|   | CRESCENT C:   | Flori, Flori                            | da              | 32][Z<br>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

| Title | <u>Name</u>    | Address                 | Type of Action |
|-------|----------------|-------------------------|----------------|
| MGK   | MARY Bornstein | 243 Brown Hammed RD.    | 🗆 Add          |
|       |                | Cream City, FC 32112    | Remove         |
|       |                |                         | □Change        |
| MGR   | ADAM BORNitain | 243 Brown Hammock Rd    | XAdd           |
|       |                | Crescent City, Fe 32112 | □Remove        |
|       |                |                         | [] Change      |
|       | <u></u>        |                         | □Add           |
|       | ·              |                         | Remove         |
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Filing Fee: \$25.00