

L17000108947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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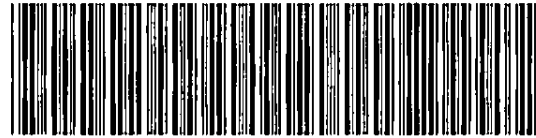
(Business Entity Name)

(Document Number)

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2020 SEP -8 PM 11:21

OCT 17 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMPCLP, 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:

ALEX ESPENKOTTER, ESQ.

Name of Person

HELLER ESPENKOTTER, PLLC

Firm/Company

2701 PONCE DE LEON BOULEVARD, SUITE 301

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

ALEX@HELLERLAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX ESPENKOTTER

305 777-3765

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

U.S.S. - 3 JUL:21

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

JACKSONVILLE, FLORIDA 32082

JACKSONVILLE, FLORIDA 32082

Zip Code

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>
MGR	CHRISTINA PARIENTE	24600 DEER TRACE DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALEXANDRE PARIENTE	24600 DEER TRACE DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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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.

Dated SEPTEMBER 2020

Typed or printed name of signee

Filing Fee: \$25.00