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S. WARREN
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## **COVER LETTER**

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TO: Registration So Division of Co			•
AMZ GUI	RUS LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryan Boigris		
	- · · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	<u></u>
	13818 Sw 152nd St.		
		Address	<del></del>
	Miami FL, 33177		
		City/State and Zip Code	
	amzgurus@gmail.com E-mail address: ()	to be used for future annual report not	dication)
For further information	concerning this matter, please or	all;	
Bryan Boigris		305 905-2460 at ()	
Name	of Person	Area Code Daytin	nc Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMZ GURUS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited L	ny as it now appears on ou liability Company)	r records.)	<del></del>
The Articles of Organization for this Limited I	Liability Company	were filed on <u>5/25/2017</u>		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	15705 SW 146 Terr. M	liami FL, 33177	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		13818 Sw 152nd St. M	iami FL, 33177	
Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and	Var registered of	Tice address on our	records entered	ne name of the r
registered agent and/or the new registered (			SSEE	7 PH
Name of New Registered Agent:	Bryan Boigris			ကို ယူ
New Registered Office Address:	15705 SW 146		7. 	32
		Enter Florida stred	et address	
	Miami		, Florida <sup>3311</sup>	
		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

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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Bryan B							ED

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