

L17000258806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

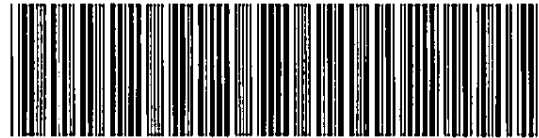
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Emailed correct
doc. on 10/20/21 by
Paul Hepine

10/20/21

Office Use Only 10/21/21



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10/05/21--01027--023 **25.00

FILED
2021 OCT 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2021

PAUL LEPINE
1333 S. OCEAN BLVD #306
POMPANO BEACH, FL 33062

SUBJECT: AMLE VENTURES LLC
Ref. Number: L17000258806

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 921A00024897

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMLE VENTURES, 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:

PAUL LEPIVE, NORM
Name of Person

AMLE VENTURES, LLC
Firm/Company

1333 S. OCEAN BLVD #306
Address

POMPADOUR BEACH FL 33062
City/State and Zip Code

SPHCC20RY@MSN.COM

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

For further information concerning this matter, please call:

PAUL LEPIVE
Name of Person

at (954) 540-2076
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)

PAID ALPHEAD

10/7/2021

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 OCT 20 AM 8:48

AMLE VENTURES, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records, ~~TALLAHASSEE, FL~~)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on DEC 20, 2017 and assigned
Florida document number L17000258806.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PAUL VEPINE

New Registered Office Address:

1333 S. OCEAN BLVD #306

Enter Florida street address

POMPANO BEACH

Florida

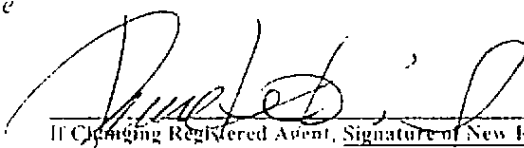
City

33062

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

MGR = Manager
AMBR = Authorized Member

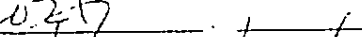
AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

10/19/2021

 Signature of a member or authorized representative of a member
 PAUL LEPINE
 Typed or printed name of signee