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(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT N	IAIL
(Business Entity Name)	
(Cashiosa Zhan, Harro,	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 2 3 2018

COVER LETTER

TO: Registration S Division of Co	ection rporations	
SUBJECT:	AMERISE II C Name of Limited Liability Company	creding Fee & S60.00 Filing Fee. Copy Certificate of Status & Certificate of S
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Name of Person	
	Anterise LC Firm/Company	
	Ovieto, FL 32765	
	Ovieto FL 32765 City/State and Zip Code	
	- NGANGUERO DVI GOOG COM COM E-mail address: (to be used for future annual report notification)	
For further information o	oncerning this matter, please call:	
Name o	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	Certificate of Status	

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Company were filed on /267/	
Florida document number <u>L17000262976</u>	und ussigned
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 "LL	.C" or the abbreviation "L. I. C."
Enter new principal offices address, if applicable:	21.70 .
(Principal office address MUST BE A STREET ADDRESS)	
	OIVIS SE
Enter new mailing address, if applicable:	CRE IZ
(Mailing address MAY BE A POST OFFICE BOX)	— — (22
MAT DE ATOST OFFICE BOX	3 00 c
If amending the registered agent and/or resident to	1: 25
3. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	ls, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addre	NS
FI	lorida _
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>	Name	Address	Type of Action
AMBR	Megan P Nguyen	5627 hear Stone Run	 Add
	0 1	5627 Mar Stone Run Oviedo, FL 32765	Remove
			Change
			🖸 Add
			□ Remove
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fective date, if other	han the date of filing:	(ontional)		
in effective date is listed, t	han the date of filing: date must be specific and cannot be prior to date of filing this block does not meet the applicable stands	ing or more than 90 days after filing.) Pur	suant to 605.0	.0207
cument's effective date	in this block does not meet the applicable statute on the Department of State's records.	ory ming requirements, this date will	not be liste	d as
record specifies a	delayed effective date, but not an effe	ctive time, at 12:01 a.m. on (the earlie	er o
The 90th day after	he record is filed.			
	^c to / 0			
ned May 1	. 2018			
V	1/MT 1/04/002	\wedge		
	Signature of a member or authorized repres	entative of a member		
	NGA T. NGUYEN			
	Typed or printed name of s			

Page 3 of 3

Filing Fee: \$25.00