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esto III	AMAL LLO			
SUBJE	.C.I:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		William Pabis		
			Name of Person	
		AMAI, LLC		
			Firm/Company	
		4011 Jasmine Lake Circle		
		•	Name of Person Firm/Company Address City/State and Zip Code (to be used for future annual report notification) call: 318	
		Naples, FL 34119		
			City/State and Zip Code	
		bpabis@amaigroup.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Willia	n Pabis		518 441-6237	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

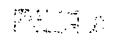
MAILING ADDRESS:

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 TO ARTICLES OF ORGANIZATION OF



AMAI, LLC

2題 J開 27 P 1: 20

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on	our records.)	
(A Fioritia Limited	(Maontty Company)	Defendant of the second	the west of
The Articles of Organization for this Limited Liability Company	were filed on April	4. 2018	and assigned
Florida document number L18000085735			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the ab	obreviation "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 o	ffice address on ou	ır records, <u>enter</u>	the name of the n
registered agent and/or the new registered office address her	<u>·e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as			

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	William Pabis	4011 Jasmine Lake Circle Naples, FL 34119	Add
			☐ Remove
			Change
MGR	Daniel Jordan	7004 Brier Creek Court Lakewood Ranch, FL 34202	□ Add
		·····	☐ Remove
			E Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

			<u> </u>	
				
				
				
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		-		
ffective date, if other than the	date of filing:	The state of the s	(optional)	(05.0303
an effective date is listed, the date must be determined in this blocument's effective date on the D	ock does not meet the ap	plicable statutory filing	e than 90 days after fiting.) Pursu requirements, this date will no	ot be listed as
e record specifies a delayed The 90th day after the rec	d effective date, but ord is filed.	not an effective tir	ne, at 12:01 a.m. on th	ne earlier of
ated February Zo	2019			
		0 /		
	Will	authorized representative o		

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Typed or printed name of signee

Filing Fee: \$25.00