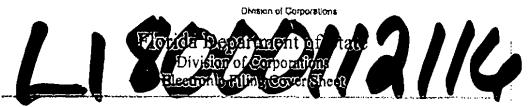
11/6/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000385329 3)))



H200003853293ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : SIMON & SIGALOS, LLP

Account Number : 119990008176 Phone : (561)447-9917

Fax Number

: (561)447-0018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICA ASSET MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS NOV 18 2020

•

820-877-8387

November 9, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

AMERICA ASSET MANAGEMENT, LLC 6913 VALENCIA DR\IVE MIAMI, FL 33109US

SUBJECT: AMERICA ASSET MANAGEMENT, LLC

REF: L18000112116

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Yasemin Y Sulker FAX Aud. #: H20000385329 Regulatory Specialist III Letter Number: 320A00022400

(((H20000385329 3)))

ARTICLES OF AMENDMENT State of State of

ARTICLES OF ORGANIZATION

OF

AMERICA ASSET MANAGEMENT, LLC

(Name of the Limited Liability	Company as it now appears on c Limited Liability Company)	ur recerds.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/03/20	and assigned
Plorida document number 18000112116	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	:
The new same must be distinguishable and contain the words 'Limit	ted Liebility Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	ESSI	<u></u>
	· · · · · · · · · · · · · · · · · · ·	:
Enter new mailing address, if applicable:		I
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered great and/or the new registered office address here: Name of New Registered Agent:	office address on our recor	ds, enter the name of the new registered
New Registered Office Address:		:
Men togened Omes manage.	Enser Florida s	reel address
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Registered	Aregt:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my zent as provided for in Chap	duties, and I am familiar with and ner 605, F.S. Or, if this document is
	U Changing Registered Agent,	Signature of New Regulered Agent

(((H20000385329 3)))

(((H20000385329 3)))

If amending Anthorized Person(s) authorized to manago, enter the title, name,	and address o	f each	person being added
or removed from our records:	,		9: 42

MCR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address.	Type of Action
MCIR	SEAN NEIL MEEHAN	6913 VALENCIA DRIVE MIAMI FL 33109	B Add
		<u>:</u>	DRemove
			□Change
		□Add ·	
		DRomove .	
			Change
			□ Add
			□Remove
			Change
		□Add	
			CRemove
			D Change
			DAdd
		①Remove	
			Change
			□ Add
			□ Remove
			Change

(((H20000385329 3)))

(((H20000385329 3)))

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	;
_		
		_
		_
_		
_		
_		_
		_
_		_
_		
_		_
_		
_	<u> </u>	
		•
-		_
-		
_		
_		
E. Effecth	re date, if other than the date of filing:	:
Nota: 1	cive date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days after filing.) Puryuant to fibe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be attachive date on the Department of State's records.	605.0207 (3)(listed as the
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d.	efter the
Dated_	November 17th, 2020.	
	Signature of a member or authorized representative of a member	-
	SEAN NEIL MERHAN	

Filing Fee: \$25.00

(((H20000385329 3)))