P.001/004

Division of Conformings

Division of Conformings

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13:52 Blalock Walters

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611 Phone : (941)748-0100 Fax Number : (941)745-2093

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

Email Address: EPENNING tond blalock walters. con

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P.002/004

(((H18000220142 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMB Amaryliss, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number L18000133763		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 MAYBE A POST OFFICE BOX)		TILE O
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our record re:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida street addre.	5.5
	, FI	orida
	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

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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>	Address	Type of Action
MGR	Marie Bossan	3650 Oakdale Circle Apt #104	Add
		Oviedo, FL 32765	Remove
			Change
MGR	Elizabeth M Bossan	3650 Oakdale Circle Apt #104	= Add
		Ovledo, FL 32765	Remove
			☐ Change
			Add Add
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or If the date itis	ther than the date sted, the date must be spe serted in this block do	es not meet the appu	capie starmory mines	optic than 90 days after equirements, this	onal) filing.) Pursuant to 60: s date will not be list
ument's effective	e date on the Departm	nent of State's records	5.		
record specifi he 90th day a	es a delayed effe after the record is	ective date, but n s filed.	ot an effective tir	ne, at 12:01 i	a.m. on the earli
ed	July 31	<u> </u>	 •		
	Signa	ture of a member or aut	horized representative o	f a member	

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Filing Fee: \$25.00