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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	AMB ASSI			
SUBJE	CI	Name of Lim	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Abraham Benhayoun		
			Name of Person	
		The Benhayoun Law Firm		
	Firm/Company 12000 Biscayne Blvd. Suite 221			
		12000 Biscayne Blvd. Suit	e 221	
			Address	
		North Miami, FL 33181		
		officemanager@benhayoun	City/State and Zip Code law.com	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please c	all:	
Jose Selanikio		305 434-8233		
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for the	ne 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)
				GD 4 DD D D G

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

AMB ASSETS LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/14/2018	and assigned
Florida document number L18000219210		
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" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES:	<u> </u>	
Enter new mailing address, if applicable:		THE STATE OF THE S
(Mailing address MAY BE A POST OFFICE BOX)		
		97
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, here:	enter the name of the new
Name of New Registered Agent:	····	
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City , Fig. 1	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>	<u>Name</u>	Address	Type of Action
MGR	MT & ASSOCIATES LLC	2618 SAWYER TERRACE	
	·		
		WELLINGTON, FL 33414	
			■ Remove
			□ Change
MGR	Mike Baruh	20335 HIGHLAND LAKES BLVD	∃ Ghange
		MIAMI, FL 33179	
			□ Remove
			Change
			Change
			□ Add
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effective date, if other	the date must be specific and	5 I cannot be prior to date	of filing or more than 9	(optional) 0 days after filing.) Pursuant	to 605.0207
e: If the date inserte	ed in this block does not me te on the Department of S	neet the applicable s	tatutory filing require	ments, this date will not b	e listed as
unione sericenve da	e on the Department of 5	tate 5 records.			
record specifies a	a delaved effective d	late. but not an	effective time. at	: 12:01 a.m. on the e	earlier of
	r the record is filed.		,		
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ed November	GHS,	, <u>2018</u> .			
De	Lall 4	_			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00