118000234920

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

Office Use Only



800320516438

11/13/18--U1013--U004 **28.00

SNCHWEDGE CLINDROL STATE

BOY DAY COM Dicusting

COVER LETTER

Division of C	Corporations			
AMV IN	NVESTMENTS LLC			
, object.				
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	Dianne C Coronado			
		Name of Person		
	MV INVES	STMENTS LUC Firm/Company		
	222 NE 25TH ST APT 806	• •		
	MIAMI FL 33137	Address		
		City/State and Zip Code		
	coronado.dianne@gmail.co	m		
	E-mail address: ()	to be used for future annual report notif	ication)	
For further informatio	n concerning this matter, please ca	all:		्रा
Dianne C. Coronado		305 9028557 at ()		23 1.0 V
Nam	ne of Person	Area Code Daytime	e Telephone Number	5 /
Enclosed is a check fo	or the following amount:			91 2:
■ \$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 enclo	27

MAILING ADDRESS:

TO:

Registration Section

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

AMV INVESTMENTS LLC		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I lorida document number L18(XX)234920	Liability Company were filed on 10/03/2018	and assigned
his amendment is submitted to amend the fol	lowing:	
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" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address on our records, enter	the name of the
Name of New Registered Agent:	N/A	<u> </u>
New Registered Office Address:	N/A	편 : 및 표 - (기년
-	Enter Florida street address	2: 2
	Florida	_ <u>_</u>
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALBA M. VARGAS	222 NE 25TH ST APT 806 MIAMI, FL 331,37	■ Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
		.	Change
			□ Add
		-	□ Remove
			Change
		·	□ Add
			Remove
			□ Change
			□ Remove
			☐ Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
-	
_	
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	DANNE C. ODRONATIO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00