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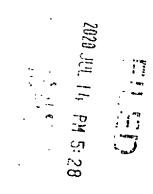
Office Use Only



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S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor		•	•
CHID ID		emational LLC	•	•
SUBJE	CT:	Name of Limited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please n	cturn all correspo	ondence concerning this matter	to the following:	
		Alberto R Hernandez		
			Name of Person	
		A & M International LLC		
			Firm/Company	<del></del>
		2921 SW 144 Ct		
			Address	<del></del>
		Miami Fl 33175		
		City/State and Zip Code		
		AIRHernandez@gmail.com E-mail address: (	to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please c	all:	
Alberto	R Hemandez		305 904-8110 at ( )	
-	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$25</b> .	.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)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Con	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & M International, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/02/2019}{1}$ Florida document number L19000003767 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" 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 MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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	Alberto Hernandez	8390 SW 44 Ct Miami Fl 33155	■Add
			□Remove
		<del> </del>	☐ Change
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			□Change

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