## L1900001843/

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





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## **COVER LETTER** --

TO;	Registration Se Division of Cor					
CHDI		TURES LLC				
SUBJECT:  Name of Limited Eiability Company						
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		JOHN EGUSQUIZA, ESÇ	)			
		EGUSQUIZA LAW P.A.	Name of Person			
		9960 SW 40 STREET	Firm/Company			
		MIAMI, FLORIDA 33165	Address			
		JOHN@JEELAWPA.COM				
		E-mail address: (	to be used for future annual report notif	lication)		
For fur	rther information c	oncerning this matter, please ca	all:			
JOHN	EGUSQUIZA		at () 223-8744 Area Code Daytime			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclos	ed is a check for th	ne following amount:				
<b>≡</b> \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

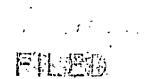
MAILING ADDRESS:

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

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)



AMK VENTURES LLC

New Registered Agent's Signature, if changing Registered Agent:

The Articles of Organization for this Limited Liability Company	were filed on 1/16/2019 War All All All All All All All All All Al
Florida document number L19090018431	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ROSA SALG PROPERTIES, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." 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 o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Klorida street address
	Same of the same o

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Florida .

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Change
			□ Remove
			Change
			Add
			☐ Remove
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	an the date of filing:
the record specifies a de The 90th day after th	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e record is filed.
Dated APRIL 1	2019
Dated APRIL 1	. 2019
Dated APRIL 1	. 2019
Dated APRIL 1	Signature of a member or authorized representative of a member
Dated APRIL 1  ANTONIA R. SA	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00