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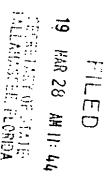
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

SUBJECT:	Amer	ican Broker Management, LL0	 					
SUBJECT:	į	Name of Limi	ted Liability Company					
		amendment and fee(s) are sub-						
Picase return an	correspon	dence concerning this matter	_					
			Daniel Compagnucci					
			Name of Person					
		Americ	an Broker Management.	LLC				
			Firm/Company					
		332	3 NE 163rd St Suite 506	·				
		Address						
		North Miami Beach, FL 33160						
		in fo@	City/State and Zip Code abrokersmanagement.co					
		_	o be used for future annual		ion)			
For further infor	mation co	ncerning this matter, please ca	11:					
Da	niel Comp	pagnucci	305 at ()	249-1945				
	Name of	Person	Area Code	Daytime Te	lephone Number			
Enclosed is a ch	eck for the	following amount:						
□ \$25.00 Filin	g Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILE	NG ADDRESS:	STREE	T/COURIER	ADDRESS:			

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

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Broker Managemer			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Clorida document number	y were filed on	01/25/2019	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	19
American Brokers Management, LLC			(左 寸
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	esignation "LLC" or the abl	oreviation "L.E.C."
Enter new principal offices address, if applicable:	3323 NE 163r	d St Suite 506 North Mia	
Principal office address MUST BE A STREET ADDRESS)			至
			<u> </u>
Enter new mailing address, if applicable:	3323 NE 163rd	St Suite 506 North Miam	ni Beach, FL 33160
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered o		our records, enter	the name of the
egistered agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:	3323 NE 1631	rd St Suite 506	
New Registered Office Address.	Enter Flor	ida street address	
Nor	th Miami Beach	, Florida	33160
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
		<u> </u>	Change
			□ Remove
			□ Change
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			Remove
	<u> </u>		
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ective date, if oth reffective date is list	ner than the da	te of filing:				(option	ial)	405 0303
te: If the date insecument's effective	rted in this block	does not me	et the applica	ble statutory f	iling requirem	ents, this	late will no	ot be listed as
record specifie he 90th day af			te, but not	an effectiv	e time, at 1	12:01 a.	m. on the	e earlier o
			3010					
ed03/22			2019					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00