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C. GOLDEN MAY - 9 2019

COVER LETTER

	AMZN SELLER ASSOCIATION LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	MARSHA SIHA
	Name of Person
	INCFILE.COM LLC
	Firm/Company
	17350 STATE HWY 249 STE 220
	Address
	HOUSTON, TX 77064
	City/State and Zip Code EFILE1234@INCFILE.COM
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
MARSHA SIHA	855 829-9090 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

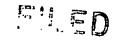
Registration Section Division of Corporations

TO:

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



ASA	AMZN SELLER ASSOCIATION LLC	2013 APK 29 PM 3: 4
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
,	A Florida Elimica Elabinty Company)	****
The Articles of Organization for this Limited Lia	ability Company were filed on 03/28/2019	and assigned
Florida document number L19000086406		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREE)	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
	,	
B. If amending the registered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
		rida
	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
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		MIAMI, FL 33196	
			■ Remove
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ffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloom	ck does not meet the	e applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) F ements, this date w	ursuant to 605.0207
ocument's effective date on the De					
ocument's effective date on the Dep	effective date, tord is filed.	but not an e	effective time, a	it 12:01 a.m. oi	n the earlier of
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e record specifies a delayed The 90th day after the reco	ord is filed.	9 			n the earlier of

Page 3 of 3

Filing Fee: \$25.00