## 119000104721

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## **COVER LETTER**

TO: Registration Se Division of Cor			
AM Sunsta	te LLC		
30bjec1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leyshka Alicea		
		Name of Person	
	Am Sunstate LLC		
	<del></del>	Firm/Company	<del></del>
	6200 Metrowest Blvd Suite	e 205	
	Orlando FL 32835	Address	
		City/State and Zip Code	·- <u>-</u>
	info@amsunstate.net	on, out and any cool	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Leyshka Alicea		833 7097674 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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 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

AM Sunstate ( CC						
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appears on ( ability Company)	our records.)	_		
The Articles of Organization for this Limited   Florida document number L19000104721	Liability Company v	were filed on 04/16/20	019	<u>.</u>	_ and as	signed
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liabil	ity company here:				
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designa	ation "LLC" or	the abbrev	viation "l	L.C."
Enter new principal offices address, if appli	icable:					
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>					
				<u>.</u>	· 2	
				A) C	190	
Enter new mailing address, if applicable:				<u> </u>		- F 19
Mailing address MAY BE A POST OFFICE	E BOX)			<u> </u>	<del>-</del>	T TABLE
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•				برانیم	8: 1	
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>e</u>	nter the	<u>öame</u>	of the no
Name of New Registered Agent:	Luis Martinez					
New Registered Office Address:	6200 Metrowest	Blvd. Suite 205				
new registered Office Address.		Enter Florida st	reet address			
	Orlando		Florid	la <u>32835</u>		
		City	, 1 101 10		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

Page 1 of 3~

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	Luis Martinez	6200 Metrowest Blvd Suite 205 Orlando, FL 32835	Add
			□ Remove
			Change
			Remove
			Change
		- <u></u>	Add
			Remove
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	<del></del>		
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Effective date, if other than the of an effective date is listed, the date many the listed in this bedocument's effective date on the I	ist be specific and cannot be pri lock does not meet the appl	icable statutory filing		
ne record specifies a delaye The 90th day after the re		ot an effective ti	me, at 12:01 a.m. o	n the earlier
October 1st	, 2019	··		

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Filing Fee: \$25.00