119000181521

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COVER LETTER

TO:	Registration Se Division of Cor			
ens ir		RVICES, LLC		
SUBJE	۱. :	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		MIRIAM TORRES ACEV	/EDO	
		· · · · ·	Name of Person	
		MTA OF OVIEDO FINA	NCIAL SERVICES INC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2572 WEST STATE RD 4	126 SUITE 1072	
Address				
		OVIEDO FL 32765		
		MIRETORRES@AOL.CO	City/State and Zip Code M	·
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
MIRIA.	M TORRES ACE	EVEDO	407 977-9230 at ()	
	Name of	f Person		Telephone Number
Enclosed	d is a check for th	e following amount:		
d \$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

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records, ted Liability Company))
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L19000181521}{L19000181521}$	any were filed on JULY 15, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
AMME SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	2	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the
		5
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Add
		□ Remove	
		☐ Change	
		Add	
		□ Remove	
			☐ Change
	 		
		□ Remove	
			Change
		☐ Remove	
		 	Change
			☐ Remove
			□ Change

(If an el <u>Note:</u>	JULY 26, 2019 tive date, if other than the date of filing: [Coptional] Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	_JULY 25, 2019
Dated	The property of the second
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00