L19 000262266

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

Office Use Only



600354583006

11/09/20--01023--016 **25.00

2020 NOV -9 AM 8: 54

Lat 15/10

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Cor	porations					
SUBJECT:	•	r ⁱ	P V2μLLC → 🚧 🚧				
		Name of Lin	nited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.				
Picase return	all correspo	ndence concerning this matter	to the following:				
			ANDRES F MORNOY				
			Name of Person				
			MONROY & CO PA				
	Firm/Company						
	150 SE 2ND AVE SUITE 1005						
			Address				
			MIAMI, FL 33131				
			City/State and Zip Code				
			INTING@MONROYCOPA.COM				
		E-mail address: ((to be used for future annual report notification)				
For further in	iformation c	oncerning this matter, please c	rall:				
	ANDRES F	MONROY	305 749-5555				
Name of Person		f Person	Area Code Daytime Telephone Number				
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional cop	of Status & py			
Mai	lling Addres	c-	Street <u>Address:</u>				
	gistration S	_	Registration Section				
		orporations	Division of Corporations				
P.O. Box 6327		7	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMP V2 L	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number LIQDDD 210221010.	Links	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	
Enter new principal offices address, if applicable:	11041 NW 7TH STREET	020 t
(Principal office address MUST BE A STREET ADDRESS)	SUITE 103	Z 1 02
12 7 THE SPAN OF THE SAME CONTROL OF THE SAME	MIAMI, FL 33172	9
	11041 NW 7TH STREET	A € 5
Enter new mailing address, if applicable:	SUITE 103	- OT
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33172	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
	· · · · · · · · · · · · · · · · · · ·	orida
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being aqueu or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	SHAPIR, TIRON	9300 NW 27TH AVE	□Add
		MIAMI, FL 33147	_
			□Change
			□Add
			Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			Remove
			Change
			□Add
			Remove
			□ Change

	
	
F Effortive d	late, if other than the date of filing: (optional)
(If an effective Note: If the	late, if other than the date of filing:
If the record spe	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is filed.	
	NOVEMBER 6 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dated	
) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
-	Signature of a member or authorized representative of a member
-	Signature of a member or authorized representative of a member JOHN ARIAS