## 119000298537

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JUN 2 2 2020

2020 JUN 22 AM 6: 49

AUG 0 7 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Sec Division of Corp	
SUBJECT:	Ahm group, LLC  Name of Emited Liability Company
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
Please return all correspoi	ndence concerning this matter to the following:
	Abaid Jean Name of Person
	Ahm group, LLC
	6205 NW 45th ter
	Coconut (reek, Fl 33073  City/State and Zip Code  amh Cleaning Service @ grnail. Com  E-mail address: (to be used for theure annual report notification)
For further information co	oncerning this matter, please call:
Abuil Name of	Tean at (954) 667-2861  Person Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:
□ \$25.00 Filing Fee	Certificate of Status  Certificate of Status & Certificate Opy (additional copy is enclosed)  Certificate of Status & Certificate Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ahm Grou	P. LLC	2920
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our rated Liability Company)	ecords.)
Ahm Grou (Name of the Limited Liability Co (A Florida Limited Liability Comp Florida document number <u>L/900298537</u> . This amendment is submitted to amend the following:	any were filed on <u>12 - 0</u>	6-2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited    AMH Cleaning Section    The new name must be distinguishable and contain the words Limited I.	<del></del>	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	
	City	_, Florida 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 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>	Address	Type of Action
MGR	Emanuella Ferdinana	6205 NW 45th ter	□Add
		Coconut creek, FL 33	5073 TRemove
			□Change
			DAdd
			□Remove
			□Change
	-		□Add
			□Remove
			□ Change
	<del></del>		□Add
			□Remove
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			□Remove
			🗆 Change
		<u> </u>	□Add
			□Remove
			□Change

,	
<del></del>	
If an effective of	te, if other than the date of filing:
document's o	effective date on the Department of State's records.
e record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 22 2020
	Am Kand
_	Signature of a member or authorized epresentative of a member
	$\Lambda$ 1 . 1 $\tau$