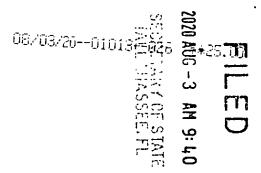
## L2000000 9617

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration S Division of Co				
AMT BU SUBJECT:	SINESS LLC		,	
SUBJECT.	Name of Lim	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing.		
	oondence concerning this matter	_		
	AURELIO PENTEADO			
		Name of Person		
	ONE TOUCH CONSULT	ING SERVICES LL	С	
		Firm/Company		· · · · · · · · · · · · · · · · · · ·
	7345 W SAND LAKE RD	), STE 224		
	***************************************	Address		
	ORLANDO / FL 32819			
		City/State and Zip C	ode	
	onetouch@onetouchconsul E-mail address: (	to be used for future an	nual report notificat	tion)
For further information	concerning this matter, please c	all:	; ;	
AURELIO PENTEAD	О	407	779-4362	
Name	of Person	at ( Area Code	Daytime To	elephone Number
Enclosed is a check for	the following amount:		•	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	y	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 327	Reg Div The 241	et Address: istration Section ision of Corpo: Centre of Tall 5 <sup>1</sup> N. Monroe S ahassee, FL 32	rations ahassee treet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMT BUSINESS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	was it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company value document number <u>L20000009617</u> .	were filed on 01/02/2020	and assigned
his amendment is submitted to amend the following:	1	
a. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	I	<u> </u>
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		FILED  MUG-3 AM 9:40  SHE SANAS SEE STATE
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	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

į

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

Title	<u>Name</u>	Address	Type of Action
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