

1200000 51096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

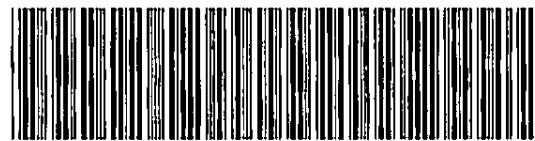
(Business Entity Name)

(Document Number)

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2020 MAY -4 PM 2:01
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1200000 51096

FILED

Amend

MAY 20 2020

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMPEV GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEGGY GARCIA

Name of Person

PEGGY J. GARCIA P.A.

Firm/Company

240 CRANDON BLVD., SUITE 263

Address:

KEY BISCAYNE, FL 33149

City/State and Zip Code

PEGGY@PGARCIAJLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEGGY GARCIA 305 975-8011
Name of Person Area Code Daytime Telephone Number
at ()

Enclosed is a check for the 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 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**

AMPEV GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEARCHED
INDEXED
SERIALIZED
FILED
APR 20 1961
FBI - PHOENIX
and assigned

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 19, 2020 and assigned Florida document number L20000056096.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

260 CRANDON BLVD, SUITE 32, #56

(Principal office address MUST BE A STREET ADDRESS)

KEY BISCAYNE, FL 33149

Enter new mailing address, if applicable:

260 CRANDON BLVD. SUITE 32, #56

(Mailing address MAY BE A POST OFFICE BOX)

KEY BISCAYNE, FL 33149

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PEGGY J. GARCIA P.A.

New Registered Office Address:

240 CRANDON BLVD. SUITE 263

Enter Florida street address

KEY BISCAYNE

Florida 33149

Cin

Zinc Oxide

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, 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>	<u>Type of Action</u>
AMBR	BARBARA PENALVER	444 BRICKELL AVE SUITE 51-977 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BARBARA PENALVER	260 CRANDON BLVD, SUITE 32, #56 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ALEXIS AMADO	260 CRANDON BLVD, SUITE 32, #56 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies 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.

Dated APRIL 29

2020

Signature of a member or authorized representative of a member

PEGGY J. GARCIA

Typed or printed name of signee

Filing Fee: \$25.00