# L20000 138441

(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



400345644234

06/08/20--01005--023 \*\*25.00

2020 JUI -8 PH 5: 19

O SIMIVANS

JUN 23 2020

### **COVER LETTER**

TO: Registration Section Division of Corporations
SÚBJECT: A. M. VACH+ Detail Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Montana Hughes Name of Person
A.M Yacht Detal
14951 Royal OAKS LA Apt 1908
City/State and Zip Code
For further information concerning this matter, please call:
Montana Hughes at (954) 790 17003  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$ Certificate of Status \$\B

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**

2020 JULI -8 PH 5: 19

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our re-	**************************************
	d Liability Company)	<u>::orus.</u> )
The Articles of Organization for this Limited Liability Compar	ny were filed on MAY 2	11 , 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
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 office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	
	City	, Florida Zin Code

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>	Address 2020 JUN - 8 PN 5: 19	Type of Action
4 <u>MBR</u>	Montana 12 Hughes	14951 120yal Oaks CA	<u>J</u> □Add
<b>1</b>	Hughes	Apt 1708	□Remove
from	Hughes  AMBIR	N M. AM. BE FL 3318	(SChange
			🗆 🖊 dd
			□Remove
			Change
			□ Add
			🗆 Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change

Placase ust change Me	onthun 12 Hunhas A
Montaun Hughes "AMIRIZ".  the bank wouldn't allow in	Un factions tellas
the bank remarks of allow in	16 to 0000 a
business account unless the	s the last behalf
	S EILIE WELS METHOR
ma nanc.	7haw V
<u> </u>	THANK YOU,
	Montana Hughes
	Hughes
	, 0
	r-2
	27.28 J
<del></del>	<u></u>
	<u> </u>
	P:
	. —
	9
e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filin  the date inserted in this block does not meet the applicable statutor it's effective date on the Department of State's records.	(optional)  Ig or more than 90 days after filing.) Pursuant to 60:  y filing requirements, this date will not be list
I specifies a delayed effective date, but not an effective time, at 12:01 ed.	a.m. on the earlier of: (b) The 90th day after
June 3 <sup>rd</sup> . 2020.	
177/F	
Signature of a member or authorized represen	nialive of a member
Signature of a member or authorized representation of a member of authorized representation.  Typed or printed name of signature.	

Filing Fee: \$25.00