

L2C 000 146397

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(Address)

(Address)

(City/State/Zip/Phone #)

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2021 -1 FEB 2:37

R. WHITE
FEB 12 2021

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AMS CREDIT CONSULTANTS
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:

AKERA MARIE SINGLETON

Name of Person

Firm/Company

10299 FAIRWAY HEIGHTS BLVD

Address

MIAMI, FL 33157

City/State and Zip Code

AKERAMARIE@GMAIL.COM

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

For further information concerning this matter, please call:

AKERA MARIE SINGLETON at (305) 2812993
Name of Person Area Code Daytime Telephone Number

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



2021-01-23 10:10:10

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2021

AKERA MARIE SINGLETON
10299 FAIRWAY HEIGHTS BLVD
MIAMI, FL 33157

SUBJECT: AMS CREDIT CONSULTANTS LLC
Ref. Number: L20000146397

We have received your document for AMS CREDIT CONSULTANTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 421A00001569

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMS CREDIT CONSULTANTS

2020 -1 11 2:37

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

The Articles of Organization for this Limited Liability Company were filed on 05/29/2020 and assigned Florida document number L20000146397

This amendment is submitted to amend the following:

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

~~AMS CREDIT CONSULTANTS LLC~~ AMS Enterprises LLC *as*

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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