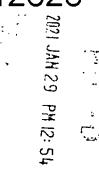
## L21000030158

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
□ PCK-UP □ WAIT □ MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			

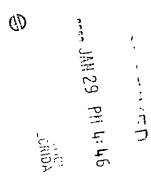
Office Use Only



600358712626



02/01/21-01001-011 ••4/5.00





## 12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office Use Only

CORPC	PRATION NAME(S) & DOCU	MENT NUMBERS(S):
1. Ama	Builders Gr	OUP LCC
(CORPORATE NAN	ΛE)	/ (DOCUMENT #)
2.		(DOCUMENT #)
(CORPORATE NAM	ΛΕ)	(DOCUMENT #)
3. (CORPORATE NAM	ΛΕ)	(DOCUMENT #)
☐ Walk-In X	Pick up time:	ertified Copy Certificate Of Status
New Filings	Amendments	Other Filings
Profit	Amendments	Annual Report
Non-Profit	Resignation	Fictitious Name
V Limited Liability	Dissolution/Witho	drawal Apostille:
Other:	Other:	
		Other:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must co	ontain the words "Limite	d Liability Company, "L	.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	t address of the principal	office of the Limited Li	ability Company is:		
Princ	ipal Office Address:		Mailing Address:		
107 WESTWARD	DR # 660628	107 W	ESTWARD DR # 660628		
MIAMI, FL 33260	<u> </u>		I, FL 33266	<del></del>	
another business entity with a	ny cannot serve as its ow n active Florida registrat	n Registered Agent, You ion.)	s Signature: a must designate an individual or		
(The Limited Liability Compa	ny cannot serve as its ow n active Florida registrat	n Registered Agent. You ion.) ed agent are:	s Signature: a must designate an individual or	20?1 JAH 2	T,
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registrate address of the registers	n Registered Agent. You ion.) ed agent are: REZ Name	s Signature: a must designate an individual or	2021 JAH 29	, 30°
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registratet address of the registere ANGEL M. ALVA	n Registered Agent. You ion.) ed agent are: REZ Name	a must designate an individual or	2021 JAN 29 PH	Table 1
(The Limited Liability Compa another business entity with a	ny cannot serve as its own active Florida registratet address of the registere ANGEL M. ALVA	n Registered Agent. You ion.) ed agent are:  REZ  Name  DR # 660628	a must designate an individual or	2021 JAH 29	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	ANGEL M. ALVAREZ 107 WESTWARD DR # 660628 MIAMI, FL 33266
(Use attachment if necessary)	
if an effective date is listed, the date must be spine that of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Is W. Cefron
This document is executed any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
ANGEL M. ALV	AREZ.

Typed or printed name of signee