121000032336

(Requestor's Nam	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	Name)
(Document Numb	er)
Certified Copies Certifica	ites of Status
Special Instructions to Filing Officer:	
	}

Office Use Only



600377020446

11/30/21--01006--007 **25.00

2921 OV 30 PH 1:44

Y SULKER DEC 15 2021

COVER LETTER

TO:	Registration Se Division of Cor			;
eun ir		ORIDA REAL ESTATE LLC		4
SUBJE	XI:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			ROBERTO GONZALEZ	
			Name of Person	
		GONZALEZ	AND PARTNERS CPASILLC	
			Firm/Company	-
		3211 PC	NCE DE LEON BLVD STE 20	0
		· · · · · · · · · · · · · · · · · · ·	Address	
		C	ORAL GABLES FL 33134	
			City/State and Zip Code	
			rgonzalez@rgcpa.net	
For fue	ther information c	n-mail address: (oncerning this matter, please or	to be used for future annual report n	othication)
		-	uit,	
ROBERTO GONZALEZ		305 447-8888 at ()		
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMSC FLORIDA REAL ESTATE LLC			
(<u>Name of the Limited Liability G</u> (A Florida Lim	ompany as it now appear iited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	01/14/2021	and assigned
Florida document number 1.21000032336			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company ho	ere:	
The new name must be distinguishable and contain the words "Limited I	Liability Company." the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
			<u></u>
		· .	
Enter new mailing address, if applicable:		· - :	
Mailing address MAY BE A POST OFFICE BOX)		·	至 5 11
			2 7
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	fice address on our re	ecords, <u>enter the</u> na	me:of:the new regist
			() .
Name of New Registered Agent:			
Now Bouleton of Office Address		_	
New Registered Office Address:	Enter Flor	ida 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 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	Type of Action
AMBR	AMSC MIAMI HOLDING LLC	3211 PONCE DE LEON BLVD STE 200	= Add
		CORAL GABLES, FL 33134	□Remove
			□Change
MGR	CARLOS ESPINOZA ROJAS	3131 NE 7TH AVENUE APT 604	□Add
		MIAMI, FL 33137	□Remove
			Change
AMBR	DORA GISELA S. IRIBAS DE G.	3131 NE 7TH AVENUE APT 604	🗆 Add
		MIAMI, FL 33137	■Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

 -		
-		
		
		
		
 ,		
Rective date, if ot an effective date is lis	ther than the date of filing: (optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	430
ore: If the date ins	eried in this block does not meet the applicable statutory filing requirements, this date will not be liste	uzu d as
ocument's effective	e date on the Department of State's records.	
record specifies a de Lis filed.	elayed effective date, but not ap effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
is thed.	/ ////	
OCTOBER 6	2021	
ated		
	10 1	
	Signature of agnember or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00