L21000066934

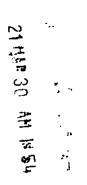
(Requ	estor's Name)	
(Addre	ess)	, .
(Addr	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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03/30/21--01020--006 25.00 30/30/21--01020--006 25.00 31/30/21--01020--006 25.00



O SIMMONS MAR 3 1 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AAMDC LLC				
			_	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
		ĺ		Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
		ļ	·	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
orginature .			<u></u>	Vehicle Search
				Driving Record
Requested by: SETH	03/26/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Manic	Date	THIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration Set Division of Cor				
AAMDC I.	LC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LUISA ELENA CUADRA	NDO		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	DIEGO L. RESTREPO, P	.Λ.		
		Firm/Company		
	2600 SOUTH DOUGLAS	ROAD, SUITE 913		
		Address		
	CORAL GABLES, FLOR	IDA 33134		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	LUISA@RESTREPOLAW			
For further information of	n:-mail address: (concerning this matter, please c	to be used for future annual report	notification)	
LUISA ELENA CUADI		305 447-9430	0	
Name o	f Person	at () Area Code Day	ytime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres		Street Address Registration		
Division of Corporations		Division of C	Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 MAR 30 All 9: 55

	FORTHAR SU KIT 9:	: 53
AAMDC LLC		- •
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	- .
he Articles of Organization for this Limited Liability Company	were filed on OZ/08/2021	and assigned
lorida document number L21000066934		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the decimption "LLC" or the	abbreviation "L.I.C."
the new name must be distinguishable and contain the words. Elimed Liabi		aboreviation 12.12.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1140 SAN PEDRO AVENUE	
	CORAL GABLES, FLORIDA 33156	
Enter new mailing address, if applicable:	1140 SAN PEDRO AVENUE	
Mailing address MAY BE A POST OFFICE BOX)	CORAL GABLES, FLORIDA 33156	
B. If amending the registered agent and/or registered office:	address on our records, enter the na	me of the new register
egent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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>	Name	2821 MAR 30 AM 9: 53	Type of Action
MGR ANDREA ARNAU	1140 SAN PEDRO AVENUE		
		CORAL GABLES, FLORIDA 33156	□Remove
			Change
MGR JULIAN MATIAS DEL CAMPO	1140 SAN PEDRO AVENUE		
	CORAL GABLES, FLORIDA 33156	□Remove	
		🗀 Add	
		□Reinove	
		□ Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

. If amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.) 2021 HAR 30 AH 9: 53
	•
	
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(If an effective date is listed, Note: If the date inserte	r than the date of filing: (optional) the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3) and in this block does not meet the applicable statutory filing requirements, this date will not be listed as the te on the Department of State's records.
the record specifies a delay bord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 29th	Signature of a member or authorized representative of a member
DIECAL B	'
DIEGO E. K	ESTREPO, ESQ., AS AUTHORIZED REPRESENTATIVE OF A MEMBER Typed or printed name of signee

Filing Fee: \$25.00