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6/26/21

COVER LETTER

Division of Cor	porations	•	
SUBJECT: A	American Name of Limit	med Liability Company	Associates
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Nichol	AS SAM	iele
	All Amer	ican Mouing	Associates
	2241	SW LAWYEN	nce ST.
	Port St.	City/State and Zip Code	34953 mail. com
	E-mail address: (to	be used for future annual report not	tication)
For further information c	oncerning this matter, please ca	II:	
Wicholf Name o	S SAMPLE Person	$\frac{2}{2}$ at (954) $\frac{5}{2}$ Daytin	5 - 2549 ne Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan	ny were filed on A	1/0/1001
The Articles of Organization for this Limited Liability Company were filed on SI 26 20 and assigned Florida document number 2000 1939. 43 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	e address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	rect 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>	Address	Type of Action
Pres	Nicholas Samele	2241 SW LAWRENCE	
		Port St. Lucie, F	□Remove
0		34953	DChange
MGK	Michalas Samele	2241 Swlawrence ST	LAdd
		Part ST Lucie, Fl	□Remove
		34953	_ DChange
			🗆 Add
	•		□Remove
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			_□Change
	<u>-</u>		Remove
			□ Change

Fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207/ Early If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to coment's effective date on the Department of State's records. Early date of the date on the Department of State's records. Early date of the date on the Department of State's records. Early date of the date of the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Early date of a member of authorized representative of a member			
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Signature of a member or authorized representative of a member	ted	35/14/2021	
Signature of a member or authorized representative of a member		June Min	
		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00