## LZ1000731395

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submitted Entity Harney
(Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDIE		LDINGS ELC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		KYLE A MISHLER		
			Name of Person	
		KAMS HOLDINGS LLC		
			Firm/Company	····
		18540 US 19 N SUITE F		
			Address	
		CLEARWATER, FL 3376	4	
			City/State and Zip Code	
		kyle@kamroofingservices.co	on o be used for future annual report noti	fication)
For furth	ner information co	oncerning this matter, please ca	-	incan(A)
KYLE /	1 MISHLER		727 637-6827 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	e following amount:		
□ \$25	.00 Filing Fee	S30.00 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

KAM ROLDINGS LLC	
(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on MAY 18	TH, 2021 and assigned
lorida document number L21000231395	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
AMS HOLDINGS LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
THE PARTIE LAURES HUST BE ASTREET ADDRESS	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our record	s, enter the name of the new regist
gent and/or the new registered office address here:	
	•
Name of New Registered Agent:	
New Registered Office Address:	**
Enter Florida str	et address
	<i>t.</i> .
	Florida

## 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

Zip Code

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
			Remove
			□Change
			□ Add
			□ Remove
			□Change
<del></del>			
			□Change
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			□Change

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ocument's effective record specifies a distilled.						
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ote: If the dat	e inserted in this block	t does not meet the ap	oplicable statutory fil	more than 90 days after ing requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed	207 ( as t
record specifie is filed.	s a delayed effective da	ate, but not an effecti	ve time, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after th	ne.
ated	Г 12TH	2021	·			
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Typed or printed name of signee