## LZ1000237838

(Requestor's Name)
(Address)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
AM Loadir	ng LLC		
SUBJECT:	Name of Lim	ited Liability Company	_ <del></del> _
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Annia Millan		
		Name of Person	
		Firm/Company	
	6531 SW 42ND ST		
		Address	
	Miami, Florida 33155		
	amloadingllc@gmail.com	City/State and Zip Code	7A.I.I.
	E-mail address: (	to be used for future annual report notification)	JUN 2
For further information of	concerning this matter, please c	all:	25 25
Annia Millan		786 3076680 at ( )	ne Number
Name o	of Person	Area Code Daytime Telepho	one Number 57
Enclosed is a check for the	he 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 5	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporatio The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AM Loading LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on May 21, 2021	and assigned
lorida document number 1.21000237838	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	\$1
	72. 2
. If amending the registered agent and/or registered office address on our records, enter the	name of the new regist
gent and/or the new registered office address here:	
	en 👬 en 🎁
Name of New Registered Agent:	
Name of New Negistered Agent.	- G
New Registered Office Address:	<u> </u>
Enter Florida street address	
. Florid	a
Cin	Zin 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
MGR	Annia Millan	6531 SW 42ND ST Miami, Florida 33155	■Add
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Tective date, if other than the neffective date is listed, the date mus	date of filing: the specific and cannot be	prior to date of filing or	more than 90 days after f	nal) iling.) Pursuant to 605.0.
te: If the date inserted in this blo	ock does not meet the ap	pplicable statutory fil		
cument's effective date on the De	partment of State's reco	ords.		
ecord specifies a delayed effective is filed.	e date, but not an effecti	ve time, at 12:01 a.m	i, on the earlier of: (b)	The 90th day after t
is mea.				
ted June 16	2021	$\wedge$		
tea	·	-		
		(4/		
		L/W		
	Signature of a member or	authorized representati	ve of a member	