L21000488345

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Copies Certificates of Status
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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05/01/23--01021--020 **30.00



Y. SCOTT JUN 18 2023

COVER LETTER

TO: - , Registration Section

Division of Cor	porations			'	
Amatosa B	uilders LLC				
SUBJECT:	Name of Lim	ited Liability Company			
		-			
	Juan D Angel				
		Name of Person			
	Amatosa Builders LLC				
		Firm/Company			
	581 N Park Ave #1498				
	Amatosa Builders LLC Name of Limited Liability Company				
	Apopka, FL 32712				
	iuan@linkprorealestate.com	,	-13	202	
	. • .		tion)	3	
For further information c	oncerning this matter, please ca	all:	73 73	-	
Juan D Angel			: : : : : : : : : : : : : : : : : : :	PM	
Name o	f Person	Area Code Daytime Te		2: 13	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee		Certified Copy	Certificat Certified	e of St Copy	atus &
Division of C	Section forporations	Registration Section Division of Corporation	rations		
				10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amatosa Builders LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on 11/08/2021		and assigned
Florida document number L21000482345			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
AMA Builders LLC			
The new name must be distinguishable and contain the words "Limited I.	liability Company," the designation	n "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7.02 7.12 7.12 7.12 7.12 7.12 7.12 7.12 7.1	2023 PAY
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records,		P P P P P P P P P P P P P P P P P P P
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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
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				□Remove
				□ Change
				□Remove
			;; <u>2</u>	Change
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N/A			
			
			
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			9
fective date, if other than the date of filing:		(optional)	
in effective date is listed, the date must be specific and ca	nnot be prior to date of filing o	r more than 90 days after filing.) Pursuar	nt to 605.0
ote: If the date inserted in this block does not mee cument's effective date on the Department of Stat		ling requirements, this date will not	be lister
cuine is eneed to dute out the iseparation of sun	o b records		
		er og the continues (b). The OOth d	las e a Grew
record specifies a delayed effective date, but not an is filed.	effective time, at 12:01 a.i	n, on the earner of: (b) The 90th d	iay anter
April 25th	2023		
ated April 25th			

Typed or printed name of signee