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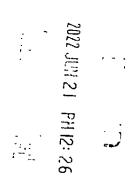
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COVER LETTER

	Registration Sec Division of Corp						
SHO IEC	AMERICA I			• •			æ
SUBJEC	Name of Limited Liability Company						
The enclo	sed Articles of A	mendment and fee(s)	are subm	nitted for filing.			
		dence concerning this					
		JOHNNY PIRELA					
	Name of Person						
	Firm/Company						
	3504 CAYMAN CT APT 2804						
				Addres	S	-	
		KISSIMMEE, FL 3	4741				
		AMERICAJMLLC@)GMAIL	City/State and : COM	Zip Code		
		E-mail ad	dress: (to	be used for futu	re annual repu	ort notification	1)
For furthe	r information co	ncerning this matter, p	lease cal	ł:			
ANDREA RODRIGUEZ				407 5419118 at ()			
Name of Person				Area (ode I	Daytime Telep	nhone Number
Enclosed	is a check for the	following amount:					
■ \$25.0	00 Filing Fee	S30.00 Filing Fee Certificate of Sta		S55.00 Fi Certified radditional			☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
9 1	Mailing Address Registration So Division of Co P.O. Box 6327 Fallahassee, F	ection rporations			Street Addr Registratic Division o The Centre 2415 N. M Tallahasse	on Section f Corporat e of Tallah Ionroe Stre	assee eet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AMERICA JM LLC		2022 JUH 2 I	Pil 12: 27
(Name of the Limite	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	TALL	- Fil ^C
The Articles of Organization for this Limited Liz Florida document numberL22000248049	ability Company were filed on	05/31/2022	and	assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability company her	<u>'e</u> :		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the de-	signation "LLC" (or the abbreviation	"L.L.C,"
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u> </u>	<u>_</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres		cords, <u>enter th</u>	ne name of the	new registered
Name of New Registered Agent:	-		<u></u> .	
New Registered Office Address:	Enter Flori	la street address		
	Enter Florida street address			
	- City	, Flor	ida Zip Co	 de

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
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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			Change