

*L.L. Investments*

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

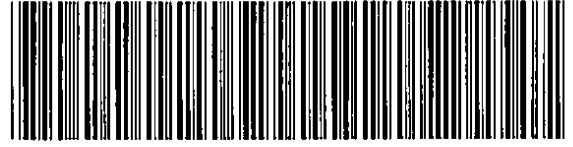
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FL

~~2024 03 31~~

R. HUNT  
*03/31/23*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMC SW 10<sup>th</sup> STREET LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Colandrea  
Name of Person

\_\_\_\_\_  
Firm/Company

New Home ADDRESS

944 Fern Dr  
Address

Delray beach FL 33488  
City/State and Zip Code

ACElectnic FL @ outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Colandrea at (561) 528 0072  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status *pd already*
- \$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  
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

AMG SW 10th LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/10/22 and assigned  
Florida document number L2200026552.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SW 10th Street LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

413 SW 10th ST  
Delray Beach FL 334  
33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

944 Fern Dr  
Delray Beach  
FL 33483

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:

Anthony Colandrea

New Registered Office Address:

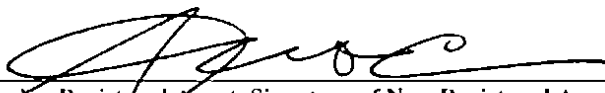
944 Fern Dr, ~~FL~~

Enter Florida street address

Delray Beach, Florida 33483  
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  
ANTHONY COLANDREA

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Anthony Colandrea</u> <i>AC</i>	<u>944 Fern Dr Delray Beach FL</u> <sup>33483</sup>	<input type="checkbox"/> Add <b>HOME ADDRESS</b>
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MARIA L Colandrea</u> <i>M</i>	<u>944 Fern Dr Delray Beach FL</u> <sup>33483</sup>	<input type="checkbox"/> Add <b>HOME ADDRESS!</b>
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We have been trying to make this simple change for months now.

Please help us on this change

Address - AMG-SW 10<sup>th</sup> LLC  
413 SW 10<sup>th</sup> St Delray 33444  
to

SW 10<sup>th</sup> Street LLC

Thank you  
June  
5613226680

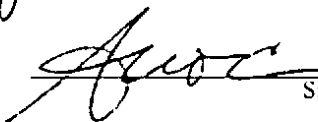
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 20, 2023.

 ANTHONY CALANDRA  
Signature of a member or authorized representative of a member

ANTHONY CALANDRA  
Typed or printed name of signee