

h22000343016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

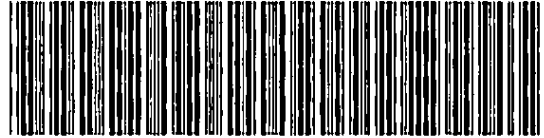
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A.

Office Use Only



700393052587

08/22/22--01026--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG 22 AM 11:20

RECEIVED
NOV 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

AM SNEAKS LLC
Name of Limited Liability Company

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

Please return all correspondence regarding this matter to the following:

Tyshawn Cedent
Name of Person

AM SNEAKS LLC
Firm/Company

~~776~~ 7640 Kimberly blvd Apt 26
Address

North lauderdale / Florida 33068
City/State and Zip Code

a.msneaks14@gmail.com

e-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyshawn Cedent at (310) 290 2976
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

☐ \$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**

AM SNEAKS 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 8/3/2022 and assigned Florida document number L22000343016

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office 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.

[illegible]

[illegible]

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 60 days after filing. (39 CFR 101.11.7)(3)(g)(1)

Dated August 18th, 2022

Tyshawn Cedant
Typed or printed name of signee