

(((H230000119913)))



H230000119913ABC-

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : 120220000023

Phone : (800)221-2972

Fax Number

: (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMS REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JAN 1.2 2023

M. SOLOMON

Electronic Filing Menu — Corporate Filing Menu

Help

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMS REALTY LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.22000520467	ility Company were filed on 42/13/2022	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
AMANDA MENDES SALVATO LLC		
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.E.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET).	ADDRESS)	<b>6</b> 3
		023
Cotton and the state of the sta		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	<del>2</del>
B. If amending the registered agent and/or	registered office address on our records, en	nter the name of the new
registered agent and/or the new registered office	e address here:	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	EnterFloridastreetaddress	
	. Florida	a
-	Civ	ZipCode

## 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added or removed from our records</u>:

MGR = Ma $AMBR = Aa$	mager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Change
			□ Remove
			Change
			□ Add 2029 JA
			Change
			Change 90 Add 40
			<b>□</b> Remove
			☐ Change
			☐ Remove
			☐ Change
		·	☐ Remove
			□ Change

÷	$\sim$	٠
- 1	v	

	· · · · · · · · · · · · · · · · · · ·	
	,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<del>- · · · · · · · · · · · · · · · · · · ·</del>		
·-···		
<del></del>		
	· · · · · · · · · · · · · · · · · · ·	
		ယ
		<u> </u>
		9-4-
	t be specific and cannot be prior to date of filing or more th ock does not meet the applicable statutory filing rec	
	l effective date, but not an effective time ord is filed.	e, at 12:01 a.m. on the earlier of:
) The 90th day after the rec	2023	
) The 90th day after the rec	·	

Page 3 of 3

Filing Fee: \$25.00