## L23 000 222 PS



| (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. |
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Office Use Only



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## **COVER LETTER**

| Division of C               |  |   |  |
|-----------------------------|--|---|--|
| AMP Rea                     | al Estate LLC                                |   |  |
| SUBJECT:                    |  |   |  |
|                             | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles       | of Amendment and fee(s) are sub              | omitted for filing.   |  |
| Please return all corres    | pondence concerning this matter              | to the following:   |  |
|                             | Mary Perry                                   |   |  |
|                             |  | Name of Person  |  |
|                             |  | Firm/Company  |  |
|                             | 10017 N Pawnee Ave.                          |   |  |
|                             | Tampa, FL 33617                              | Address   |  |
|                             | mary.ampcollective@gmail                     | City/State and Zip Code<br>.com   | ····   |
|                             | E-mail address: (                            | to be used for future annual report notif                                   | ication)   |
| For further information     | n concerning this matter, please c           | all:  |  |
| Mary Perry                  |  | 423 580-8485  |  |
| Nam                         | e of Person                                  | at () Area Code Daytime   | Telephone Number   |
| Enclosed is a check for     | r 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 Add<br>Registration |  | Street Address:<br>Registration Sec   | ction  |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

| AMP Real Estate LLC  |  |                     |
|--|--|---------------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | y as it now appears on our records.)<br>ability Company) |                     |
| The Articles of Organization for this Limited Liability Company w Florida document number                              | vere filed on 05/04/2023                                 | and assigned        |
| This amendment is submitted to amend the following:  |  |                     |
| A. If amending name, enter the new name of the limited liabili   | ty company here:   |                     |
| AMP Collective LLC   |  |                     |
| The new name must be distinguishable and contain the words "Limited Liability  | v Company," the designation "LLC" or the abb             | oreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                     |
| •  |  | 2024                |
| Principal office address MUST BE A STREET ADDRESS)   |  |                     |
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|  |  | ₹ <b>-</b>          |
| Enter new mailing address, if applicable:  | ဟ<br>ဟင်   | - <u> </u>          |
| Mailing address MAY BE A POST OFFICE BOX)  | <u>ਾ</u>   |                     |
|  |  | 29                  |
|  |  | <u>·: — </u>        |
| 3. If amending the registered agent and/or registered office ad<br>gent and/or the new registered office address here: | dress on our records, enter the <u>name</u>              | e of the new regist |
| Name of New Registered Agent:  |  |                     |
| New Registered Office Address:   | Enter Florida street address                             |                     |
|  | rmer v tortaa street aaaress                             |                     |
|  | Florida  | <u>.</u>            |
|  | City   | Ziv 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

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> | Name | Address     | Type of Action |
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| ment's effective date on the   | Department of State 8 record                                  | a.                         |                                       |              |
| and ensaifies a delayed affect | ive date, but not an effective                                | time at 12:01 a.m. on th   | e earlier of th). The 90th            | day after t  |
| filed.                         | ive date, but not an effective                                | ant, at 12.01 a.m. on the  | e carrier on (b) The 7001             | and arrei    |
| May 15                         | 2024  |                            |                                       |              |
| May 15<br>I                    |   |                            |                                       |              |
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|                                | Signature of a member or and                                  |                            |                                       |              |
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