

L23000292753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

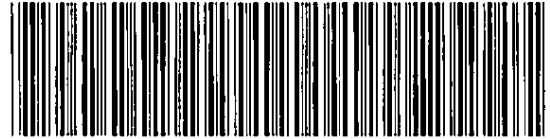
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A&M FEEL AT HOME 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:

Mauricio Ariza

Name of Person

A&M FEEL AT HOME LLC

Firm/Company

8440 N. River Dune Street

Address

Tampa, FL 33617

City/State and Zip Code

ariza.sifem@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mauricio Ariza

813

585-4579

at ( )

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

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STATE

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A&M FEEL AT HOME 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 06/16/2023 and assigned  
Florida document number L23000292753.

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)**

8440 N. River Dune Street

Tampa, FL 33617

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8440 N. River Dune Street

Tampa, FL 33617

**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:

Mauricio Ariza

New Registered Office Address:

8440 N. River Dune Street

*Enter Florida street address*

Tampa

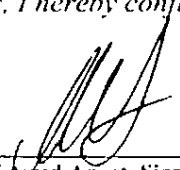
Florida

*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.*

  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAURICIO ARIZA	8440 N. River Dune Street	<input type="checkbox"/> Add
		Tampa, FL 33617	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	DAVID ARIZA RICARDO	Carrera 100 # 34-96, Conjunto Residencial Fronteira	<input checked="" type="checkbox"/> Add
		Torre 1, Apto. 603	<input type="checkbox"/> Remove
		Cali, Valle del Cauca, Colombia	<input type="checkbox"/> Change
AMBR	ARIZA R DAVID	1600 Crown Street	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33755	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NOV 13 2013  
STATE OF FLORIDA  
COUNTY OF HILLSBORO

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

Federal EIN: 93-2012406 (See IRS Notice CP 575 B Attached)

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STATE OF TEXAS  
COUNTY OF DALLAS

**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 October 9 2023

Signature of a member or authorized representative of a member

MAURICIO ARIZA

Typed or printed name of signee