

L 24 0000 79202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

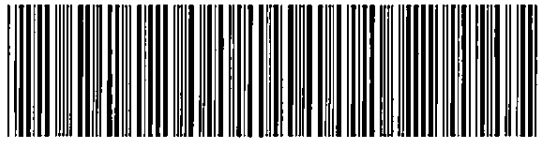
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300432265693

06/28/24--71517--004 **20:00

2024 JUN 28 PM 2:26
SECRETARY OF STATE
TALLahassee, VA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMELAS GROUP 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:

BETTINA MONTES

Name of Person

BMCE PROFESSIONAL SERVICES LLC

Firm/Company

7726 WINEGARD RD 2ND FLOOR

Address

ORLANDO FL 32809

City/State and Zip Code

empresasbmce@gmail.com

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

2024 JUN 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

BETTINA MONTES

at (786) 2812065

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**

AMELAS GROUP 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 February 13, 2024 and assigned Florida document number 1,24000079202.

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:

227 CLARINET WAY

(Principal office address MUST BE A STREET ADDRESS)

DAVENPORT FLORIDA 33896

Enter new mailing address, if applicable:

227 CLARINET WAY

(Mailing address MAY BE A POST OFFICE BOX)

DAVENPORT FLORIDA 33896

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:

Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY
2024 JUL 28 PM 2:26
FALL HURST, FL

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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

SECRETARY OF STATE
FALL/HASSELL
2011 JUN 28 PM 2:22

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

Multiple horizontal lines for amending information.

2024 JUN 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL

10111111


E. Effective date, if other than the date of filing: 02/14/2024 (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 19 2024



Signature of a member or authorized representative of a member

Jose Espinoza

Typed or printed name of signee

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
JORGE E ESPINOSA A
267 CLARINET WAY
DAVENPORT, FL. 33896

Title: MGR
JEANIRA S LEMA F
267 CLARINET WAY
DAVENPORT, FL. 33896

Title: MGR
MARIA PAZ ESPINOSA L
267 CLARINET WAY
DAVENPORT, FL. 33896

Title: MGR
MARIA EMILIA ESPINOSA L
267 CLARINET WAY
DAVENPORT, FL. 33896

L24000079202
FILED 8:00 AM
February 13, 2024
Sec. Of State
wlawrence

Article VI

The effective date for this Limited Liability Company shall be:

02/14/2024

Signature of member or an authorized representative

Electronic Signature: JORGE ESPINOSA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.