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(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(Requestor's Name)
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	Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Ami Roy Name of Lingue	a Enterpris	cs LLC
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Michael	Albaness Name of Person	
	.	Firm/Company	
	13851 WO	od DUCIL CICIL Address	<u>.(. </u>
<u>-</u>	Lakewod Jangel E-mail address: (to	City/State and Zip Code 10 179 & 9 mode be used for future annual report notifies	34202 (L.com
For further information cone			
Michael Name of Pe	A I bancs	at ($\frac{732}{\text{Area Code}}$) Lo 10 -	9890 elephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

adding a (ambr) only

CO ALRO

Michael Albancsc

day time # 732-610-9890

address 13851 Wood Duck in

Lake-vood ranch FL 37202

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ami		
(Name of the Limited Liability (A Florida Li	Company as it now appears on of mited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con Florida document number <u> </u>	npany were filed on	16-2027 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	II iskilia. Communa " the deciona	tion "I t C" or the abbreviation "I T C"
The new name must be distinguishable and contain the words. Limite	d Diaontiy Company, The designa	HOIF BEC. OF THE BOOK VIGINAL ELECTION
Enter new principal offices address, if applicable:	 -	2
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	rect 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

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
<u>hmbr</u>	Michael Albanes	Laxward ranch FL 34	_ HAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
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fan effective o <u>Sote:</u> If the	te, if other than late is listed, the dat date inserted in the effective date on t	e must be specifi iis block does	ic and cannot b not meet the a	e prior to date o applicable sta		han 90 days afte	
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Filing Fee: \$25.00