

L24000470015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** AM GLOBAL ASSETS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS SALAZAR

Name of Person

SALAZAR CAPITAL GROUP LLC

Firm/Company

1711 AMAZING WAY STE 217

Address

OCOE, FL 34761

City/State and Zip Code

info@salazarcapitalgroup.com

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

For further information concerning this matter, please call:

LUIS SALAZAR      407      5088088  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AM GLOBAL ASSETS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

1711 AMAZING WAY

STE 217

OCOE, FL 34761

1711 AMAZING WAY

STE 217

OCOE, FL 34761

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LUIS SALAZAR

Name

1711 AMAZING WAY STE 217

Florida street address (P.O. Box **NOT** acceptable)

OCOE

FL

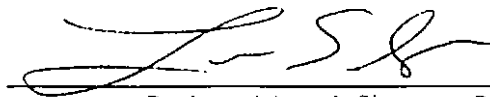
34761

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

JIMY AVENDANO-PAREDES  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

AMBR

LUZ PAREDES-DUARTE  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

AMBR

ABRAHAN AVENDANO-VARGAS  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

AMBR

NIDIA AVENDANO-PAREDES  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/24/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

JIMY AVENDANO-PAREDES

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

HARBEY AVENDANO-PAREDES  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

AMBR

YOLEIDY AVENDANO-PAREDES  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

AMBR

ASBEIDY AVENDANO-PAREDES  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

AMBR

FABIO AVENDANO-PAREDES  
1711 AMAZING WAY STE 217  
OCOE, FL 34761

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/24/2024 (OPTIONAL)

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constitutes a third degree felony as provided for in s.817.155, F.S.

JIMY AVENDANO-PAREDES

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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