M1800001928

(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:

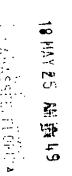
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April 5, 2018

REBECA GUDINO 1170 TREE SWALLOW DRIVE SUITE 353 WINTER SPRINGS, FL 32708 US

SUBJECT: AM & PM CONSTRUCTION LLC

Ref. Number: M18000001928

We have received your document for AM & PM CONSTRUCTION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 418A00006869

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COVER LETTER

TO:	_	stration sion of		tion porations				
SUBJI	ECT:	AM	&	PM Co	nstructi	on LLC		
				Name	e of Foreign I	Limited Liabi	lity Compa	any
Dear S	ir or N	⁄1adam	•					
The en	closec	lapplic	ation	i, certificate	and fee(s) are	e submitted fo	or filing.	
Please	return	all cor	resp	ondence con	cerning this i	natter to the f	ollowing:	
Reb	eca	a Gu	dir	no - Offi	ce Man	ager		
			1	Name of Pers	son			
AM	& F	M C	on	structio	n LLC			
			ŀ	Firm/Compa	ny			
117	0 T	ree	Sw	allow D	rive, Su	uite 353		
				Address		-		
Win	ter	Spri	ng	s, FL 32	2708			
			(City/State and	d Zip Code			
amp	omo	ons	tru	ctionllc	@gmail.	com		
						port notificati	ion)	
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Reb	eca	Gu	dir	10	a	τ (<u>407</u>	₎ 890-9	9679
		Nan	ne of	Person		Area Code	& Daytime	Telephone Number
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Division of Corporations						Division of Corporations		
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				rida 32301	•		i attanas	sice, Florida 52514
				the followin	• •	_		
□ \$25	Filing	g Fee	[S30 Filing Certificate		S55 Filin Certified	_	S60 Filing Fee, Certificate of Status &
								Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		—.T.
MAT DE ATOST OFFICE BOXY	<u> </u>	C.U
2. The Florida document number of this limited liability company is: M18000001928		6.1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	e Be	6
Jurisdiction of its organization: Delaware Date authorized to do business in Florida: February 23, 2018		
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company:		
5. New name of the limited liability company:	.," or "LI	. . C.```)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. T must contain "Limited Liability Company." "L.L.C." or "LLC.")	ida and atta	ach a
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. T	da and atta he alternat	ach a e name
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. T must contain "Limited Liability Company." "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer address on our records, enter the name	da and atta he alternat	ach a e name
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. T must contain "Limited Liability Company." "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	da and atta he alternat e of the ne	ach a e name
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. T must contain "Limited Liability Company." "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent:	da and atta he alternat e of the ne	ach a e name
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floricopy of the written consent of the managers or managing members adopting the alternate name. T must contain "Limited Liability Company." "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	da and atta he alternat e of the ne	ach a e name

tle/ Capacity	<u>Name</u>	Address Type of Actic
CEO	Daniel M. Perez	3030 N. Rocky Point Drive, Suite 150A, Tampa, FL 33607
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Typed or printed name of signee