

122000014196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

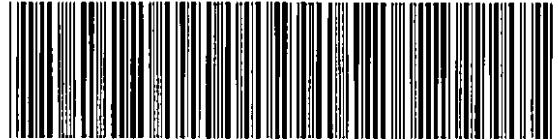
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300395228643

FILED
2022 OCT -3 PM 3:41

2022 OCT -4 PM 1:09

10/5/2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid \$25.00

Authorization Signature

AMASA LLC M22000014196

Janis Hill

Business Name

Document #

Walk in

___ Pick up time ___

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy (s) of Articles of Organization**

___ **Certificate of Status**

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ LLLP

AMMENDMENTS

___ **X** Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ **Conversion**
___ Articles of Conversion
___ Resignation

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ **ARTICLES OF CORRECTION**

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTIL () - _____
Country

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMASA LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTIAN NECHUTA

Name of Person

TAXFIVE LLC

Firm/Company

4319 DOGWOOD CIR

Address

WESTON, FL 33331

City/State and Zip Code

INFO@TAXFIVE.COM

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

For further information concerning this matter, please call:

CRISTIAN NECHUTA at (800) 944-7117

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT -4 PM 4:16

TAL. LORIC.

October 4, 2022

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: AMASA LLC
Ref. Number: M22000014196

We have received your document for AMASA LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

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

Please return 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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 222A00022060

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

2022 OCT -4 PM 1:

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AMASA LLC

Enter new principal office address, if applicable: 15986 NW 49TH AVE

(Principal office address
MUST BE A STREET ADDRESS)

MIAMI GARDENS, FL 33014

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

15986 NW 49TH AVE

MIAMI GARDENS, FL 33014

2. The Florida document number of this limited liability company is: M22000014196

3. Jurisdiction of its organization: WYOMING

4. Date authorized to do business in Florida: 09/12/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name 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 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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Type of Action

304 INDIAN TRACE STE 626 ☐ Add

WESTON, FL 33326  Remove

15986 NW 49TH AVE  Add

MIAMI GARDENS, FL 33014 ☐ Remove

☐ Add☐ Remove

 Add

☐ Remove

 Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

CRISTIAN NECHUTA - AUTHORIZED PERSON

Typed or printed name of signee

Filing Fee: \$25.00