

M23000015035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

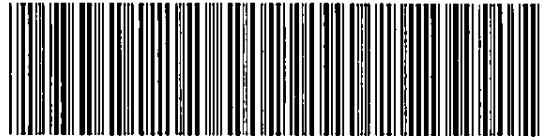
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/24--01038--024 **25.00

2024 SEP -4 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. MATTHEWS

SEP 1 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2024

BLAKE SWAN
4360 NORTHLAKE BLVD., STE. 114
PALM BEACH GARDENS, FL 33410 US

SUBJECT: THE AMB TEAM MANAGEMENT COMPANY LLC
Ref. Number: M23000015035

We have received your document for THE AMB TEAM MANAGEMENT COMPANY LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6353.

Tekayla T Matthews
Regulatory Specialist III

RECEIVED

Letter Number: 524A00016466

SEP 04 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The AMB Team Management 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:

Blake Swan
Name of Person

The AMB Team Management LLC
Firm/Company

4360 Northlake Blvd. Ste 114
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

blake@kellerSwan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Swan at (561) 896-7926
Name of Person Area Code & Daytime Telephone Number

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

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

**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)

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1. Name of limited liability Company as it appears on the records of the Florida Department of Banking & Finance, **SECRETARY OF STATE, TALLAHASSEE, FLORIDA**

State: The AMB Team Management Company LLC

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)

2. The Florida document number of this limited liability company is: M23000015035

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/27/23

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

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Title/ Capacity

Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Address

MBR

Michael Abrahams

☐ Add

5800 Denver St. NE, St. Petersburg, FL 33703 ☒ Remove

MBR

Joelle Taylor

55 Storey Dr. Palm Beach Gardens, FL 33410 ☒ Add

☐ 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.

X 

Signature of the authorized representative

Blake Swan

Typed or printed name of signee

Filing Fee: \$25.00