## P13 000090110

(Re	equestor's Name)	
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SECRETARY OF STATE

JUL - 1 2019 C Kinse,

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AMG RECOVER	Y SERVICES, INC.	
DOCUMENT NUMI	P13000090110		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DHARAMDEO PURAN		
		Name of Contact Person	1
	AMG RECOVERY SERVICE	CES, INC.	
		Firm/ Company	
•	5892 RODMAN STREET		
		Address	
	HOLLYWOOD, FL. 33023		
		City/ State and Zip Cod	e
АМО	STOW@GMAIL.COM		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	on concerning this matter, pleas	se call:	
DHARAMDEO PURAN		305 at (	970-3813
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
△\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

0	of		
AMG RECOVERY SERVICES, INC.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State	)	
P13000090110			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the f	following amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
		The n	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam		
B. Enter new principal office address, if applicable:	5892 RODMAN STREET		
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL. 33023		_
			_
			-
C. Enter new mailing address, if applicable:		9 J	-17
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<del></del>	_ <b>     </b>
•		_ <u>⊅:</u> _O_	_
		SSE P	
		ကို မှ	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		~``≥ ~>	
	<del></del>	ודן סי	
Name of New Registered Agent		<del></del>	
		<del></del>	
(Florida s	street address)		
New Registered Office Address:	, Florida_		_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	nt.		
I hereby accept the appointment as registered agent. I am familia.		osition.	
•			
<			

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	ALEXIS KUPFERMAN	5892 RODMAN STREET
X Add			HOLLYWOOD, FL. 33023
Remove			
2) Change	<del>-</del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del> </del>
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
· -		
•		
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<del></del>	<del></del>	
·		
	<del></del>	<del> </del>
lf an a	imendment provides for an exchange, reclassification, or can-	cellation of issued shares
provi	isions for implementing the amendment if not contained in th	e amendment itself:
(,	if not applicable, indicate N/A)	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	8/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame fficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u>;</u> -	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareh	older
Dated <u> </u>	118/2-19	
Signature		
selected	irector, president or other officer – if directors or officers have r d, by an incorporator – if in the hands of a receiver, trustee, or o led fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	