

P14000055269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

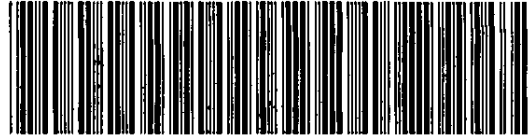
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

FILED

SEP 01 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2016

NIKOLAS ARVANITOPOULOS
10800 SW 78 AVE
MIAMI, FL 33156

SUBJECT: A M ENTERPRISING SOLUTIONS CORP
Ref. Number: P16000055269

We have received your document for A M ENTERPRISING SOLUTIONS CORP .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

There is a balance due of \$43.75. Refer to the attached fee schedule for a
breakdown of the fees. Please return a copy of this letter to ensure your money is
properly credited.

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 116A00016402

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A M ENTERPRISING SOLUTIONS CORP
DOCUMENT NUMBER: - P16000055269

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIKOLAS ARVANITPOULOS
Name of Contact Person

Firm/ Company

10800 SW - 78 AVE
Address

MIAMI, FLORIDA, 33156
City/ State and Zip Code

NIKOLAS@ARVANISWLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIKOLAS at (305) 8030313
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|--|
| ☒ \$35 Filing Fee | ☒ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 JUL 32 PM 4:21

Articles of Amendment
to
Articles of Incorporation
of

A M ENTERPRISING SOLUTIONS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

WL6000045331

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change	<u>Secretary</u>	<u>ARRIAGA HERNANDEZ</u>	<u>6522 SW - 15TH CT</u>
☒ Add			<u>MIAMI, FLORIDA, 33193</u>
☐ Remove			
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

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