

L04000053657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

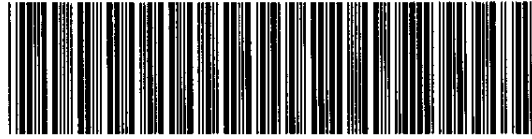
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMT Investments LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Dillon
Name of Person

eEvaluate, Inc
Firm/Company

2120 Range Road
Address

Clearwater FL 33765
City/State and Zip Code

jps2ph@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Stanton at (516) 515-1066
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMT Investments LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 16, 2004 and assigned Florida document number L04000053653.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Ashram of Clearwater LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2120 Range Rd
Clearwater FL 33765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2120 Range Rd
Clearwater FL 33765

B. If amending the registered agent and/or registered office 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:

James Dillon

New Registered Office Address:

2120 Range Rd
Enter Florida street address

Clearwater, Florida 33765
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Meyers, Alan Dr	2120 Range Rd	<input type="checkbox"/> Add
		Clearwater FL 33765	<input checked="" type="checkbox"/> Remove
MGR	Stewart, Julia O	2120 Range Rd	<input type="checkbox"/> Add
		Clearwater FL 33765	<input checked="" type="checkbox"/> Remove
MGR	Dillon, James P	2120 Range Rd	<input checked="" type="checkbox"/> Add
		Clearwater FL 33765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 8, 2014.



Signature of a member or authorized representative of a member

James Dillon

Typed or printed name of signee

14 JUL 11 AM 10:00