108000 71662

· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY DE STATE SECRETARY DE STATE

COVER LETTER

TO: Registration Sec Division of Corp			
AJLOF FLO	RIDA. LLC		
SUBJECT:	Name of Limi	ited Liability Company	·
	amendment and fee(s) are sub-		
Please return all correspon	dence concerning this matter	to the following:	
	MATTHEW R. CRUMBA	UGH	
		Name of Person	<u></u>
	AJI OF FLORIDA, LLC		
		Firm/Company	
	2888 LOKER AVENUE E	, SUITE 206	
		Address	
	CARLSBAD, CA 92010		
	Firm/Company 2888 LOKER AVENUE E, SUITE 206 Address		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ill:	
JILL LEMONS		941 875-3585	
Name of	Person	at ()	Telephone Number
Enclosed is a check for the	c following amount:		
■ \$25.00 Filing Fee	S30.00 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV 28 PM 4: 21

AJI OF FLORIDA, LLC

GECRETARY OF STATE TALLAMASSES, FL

(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	• •	and assigned
Florida document number <u>L08000071662</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our re	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	uddress
		_, Florida Zip Code
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALLISON JAMES INC	630 S ORANGE AVENUE STE 102	_□ Add
		SARASOTA, FL 34236	
•			Remove
			Change
		.	Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
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			Change

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ective date, if other than the effective date is listed, the date must	date of filing:	not be prior to date	of tiling or more the	(optional)	Pursuant to 605 0
e: If the date inserted in this blo	ock does not meet	the applicable st	atutory filing requ	irements, this date v	zill not be listed
ument's effective date on the De	partment of State	's records.			
record specifies a delayed he 90th day after the reco		e, but not an i	effective time,	at 12:01 a.m. c	n the earlier
NOVEMBER 27	·	018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00