L12000115677

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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SEP 1 0 2012

EXAMINER

MICHAEL RICE at (813) 960-8154 EXT 228

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount;

S25.00 Filing Fee & Certificate of Status

\$55,00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$60.00 Filing Fee,
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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

FILED 12 SEP ID PHO

•			12 SEP 10 PM 3: 39		
AJM INVESTME	NTS, LLC		- <u> </u>		
(Name of the Limited Liability Company i (A Florida Limited Liab	is it now appears of	n our records.)	TALLAHASSEE, FLORIDA		
	• • •		A COSILL, FLORIDA		
The Articles of Organization for this Limited Liability Company we	re filed on	09/10/2012	and assigned		
Florida document numberL12000115677					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	v company here:				
AJM CAPITAL	., LLC				
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company	," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicable:			- <u></u>		
(Principal office address MUST BE A STREET ADDRESS)					
_					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
-					
B. If amending the registered agent and/or registered office	address on our	r records, <u>enter t</u>	he name of the new		
registered agent and/or the new registered office address here:					
Name of Nove Deviatered Access					
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 the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	e performance of vided for in Chai	my duties, and I o oter 608. F.S. Or.	am familiar with and if this document is		

MGR = Manager

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

	<u>Name</u>	Address	Type of Action
			Damania
			— <u> </u>
- -			F 1 71
			□ D amores
			<u>₹</u> 50
Tf amon	ding any other information, enter	change(s) here: (Attach additional sh	eets, if necessary.)
			12 SEP
ted	September 10	2012 MA	FILED 12 SEP 10 PM IMLANIASSEE, FL

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Filing Fee: \$25.00