

L01000009123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

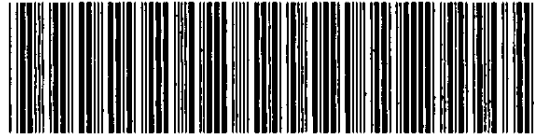
(Business Entity Name)

(Document Number)

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07/07/08--01020--011 \*\*30.00

Amendment

L01-9123

FILED  
08 JUL -7 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JUL 9 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMEROMAX 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:

PAUL GHISOI

(Name of Person)

AMEROMAX LLC

(Firm/Company)

1690 RENAISSANCE COMMONS BLVD, SUITE 1305

(Address)

BOYNTON BEACH, FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL GHISOI

(Name of Person)

at (561) 716-6416

(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**

AMEROMAX 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 06/04/2001 and assigned  
Florida document number L01000009123.

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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:**

1690 RENAISSANCE COMMONS BLVD, SUITE 1305

**(Principal office address MUST BE A STREET ADDRESS)**

BOYNTON BEACH, FL 33426

**Enter new mailing address, if applicable:**

1690 RENAISSANCE COMMONS BLVD, SUITE 1305

**(Mailing address MAY BE A POST OFFICE BOX)**

BOYNTON BEACH, FL 33426

**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:

New Registered Office Address:

1690 RENAISSANCE COMMONS BLVD, SUITE 1305

*(Enter Florida street address)*

BOYNTON BEACH

*(City)*

, Florida

33426

*(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 608, 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 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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL GHISOI	1732 S CONGRESS AVE #320 PALM SPRINGS, FL 33461	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PAUL GHISOI	1690 RENAISSANCE COMMONS BLVD SUITE 1305 BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

08 JUL - 7 PM 3:31  
 SECRETARY OF STATE  
 PALM BEACH, FLORIDA

FILED

Dated JUNE 30th 2008

Signature of a member or authorized representative of a member

PAUL GHISOI

Typed or printed name of signee