

LD3000015267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

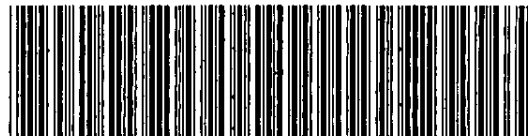
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800131249898

06/16/08--01008--009 **55.00

FILED
08 JUN 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Colligan JUN 17 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAMT, 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:

Michael A. Lamarca

(Name of Person)

AAMT, LLC

(Firm/Company)

P.O. Box 380090

(Address)

Murdock, Florida 33938-0090

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael A. Lamarca

(Name of Person)

at (941) 206-0033

(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**

FILED
08 JUN 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AAMT, 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 04/29/2003 and assigned
Florida document number L03000015267

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:

(Principal office address MUST BE A STREET ADDRESS)

1720 El Jobean Road, Suite 202

Port Charlotte, Florida 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 380090

Murdoch, Florida 33938-0090

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:

Michael A. Lamarca

New Registered Office Address:

1720 El Jobean Road, Suite 202

(Enter Florida street address)

Port Charlotte

(City)

, Florida 33948

(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

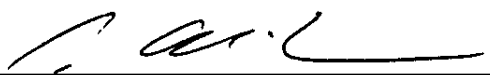
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael A. Lamarca	P.O. Box 380090 Murdock, Florida 33938-0090	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mark Teixeira	1655 Clow Court North Port, Florida 34286	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Abraham J. Al-Arnasi, Jr.	5224 Blackjack Circle Punta Gorda, Florida 33982	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Abraham J. Al-Arnasi, Jr.	5224 Blackjack Circle Punta Gorda, Florida 33982	<input type="checkbox"/> Add <input checked="" 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.)*

FILED
08 JUN 16 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated June 4, 2008


Signature of a member or authorized representative of a member

Abraham J. Al-Arnasi, Jr.
Typed or printed name of signee