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C. LEWIS

SEP 3 2010

EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations		t # Note that the second of		
	1.5					
SUBJI	ECT:	AMMCO	Holdings, LLC			
2020	Name of Limited Liability Company					
The en	closed Article	s of Amendment and fee(s) are sub	mitted for filing.			
Please	return all corr	espondence concerning this matter	to the following:			
			Lois Marler			
Name of Person						
		Banya	n Mezzanine Funds, LLC			
			Firm/Company			
		1111 E	1111 Brickell Avenue, Suite 1300			
			Miami, FL 33131			
			City/State and Zip Code			
		Imarler	@banyanmezzanine.com			
		E-mail address: (1	o be used for future annual report notific	cation)		
For fu	ther informati	on concerning this matter, please c	all:			
		Lois Marler	at (239)	290-0006		
	Na	me of Person	Area Code & Daytime	Telephone Number		
Enclos	sed is a check f	for the following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

4.2 3

STREET/COURIER ADDRESS:

and the second second

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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·		ldings IIC	્લુ	FORF TARY	OR STATE
AMMCO Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
(,	A Florida Limited L	iability Company)			
The Articles of Organization for this Limited I	iability Company	were filed on	June 3, 2005	and as	signed
Florida document numberL0500005	5211				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
,					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company	" the designation "	LLC" or the	abbreviation
Enter new principal offices address, if appli	cable:	1111 Brickell Av	venue		·
(Principal office address MUST BE A STREET ADDRESS)		Suite 1300			
		Miami, FL 33131			
Enter new mailing address, if applicable:		1111 Brickell Av	/enue		
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 1300			
	Miami, FL 33131				
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter</u>	the name	of the new
Name of New Registered Agent:	Lois Marler				
	1111 Bricke	II Avenue, Suite 1	300		
New Registered Office Address:	Enter Florida street address				
		Miami	, Florida	3313	31
		City	, 1 101104	Zip Cod	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and comp istered agent as p registered office	lete performance of provided for in Chap	my duties, and I oter 608, F.S. Or onfirm that the li	am familia , if this doc	r with and ument is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u> į	<u>Name</u>	Address	Type of Action
MGR_	Jeffrey Leck	101 East Kennedy Blvd Suite 3925 Tampa, FL 33602	Add Remove
MGR_	John Kirtley	101 East Kennedy Blvd Suite 3925 Tampa, FL 33602	Add Remove
MGR_	Mark Hunter	101 East Kennedy Blvd Suite 3925 Tampa, FL 33602	Add Remove
MGR	James Davidson	1111 Brickell Avenue Suite 1300 Miami, FL 33131	Add Remove
MGR_	Richard Starke	1111 Brickell Avenue Suite 1300 Miami, FL 33131	
MGR	John Miller	1111 Brickell Avenue Suite 1300 Miami, FL 33131	Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessa	
			ZINSEP-2 PM E: 24 SECRETARY OF STATE MALLIANASSEE, FLORID
Dated	August 30	Maxler	R. F. SIAI
	Signature of a	member or authorized representative of a member	
		Lois Marler Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00