

**LD5000090026**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : HENSLEY & COMPANY PA  
Account Number : 120090000037  
Phone : (239) 992-6060  
Fax Number : (239) 992-9506

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2009 SEP 28 AM 8:50  
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TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AMERICAN HERITAGE HOLDINGS, LLC

Certificate of Status	0
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C. LEWIS  
SEP 29 2009  
EXAMINER

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TALLAHASSEE, FLORIDA

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H090002085343

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Classic Touch Limousine of SW FL, 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:

Neely Hensley

Name of Person

Hensley & Company, PA

Firm/Company

9420 Fountain Medical Ct. #101

Address

Bonita Springs, FL 34135

City/State and Zip Code

nhensley@hensleycpas.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Neely Hensley

Name of Person

at ( 239 )

992-6060

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

H090002085343

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H090002085343  
**FILED**

2009 SEP 28 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

American Heritage Holdings, 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 September 13, 2005 and assigned  
Florida document number L05000090026

This amendment is submitted to amend the following:

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

Classic Touch Limousine of SW FL, LLC

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:

9420 Fountain Medical Ct. #101

(Principal office address MUST BE A STREET ADDRESS)

Bonita Springs, FL 34135

Enter new mailing address, if applicable:

9420 Fountain Medical Ct. #101

(Mailing address MAY BE A POST OFFICE BOX)

Bonita Springs, FL 34135

**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:

9420 Fountain Medical Ct. #101

*Enter Florida street address*

Bonita Springs

Florida

34135

*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 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

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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>
			<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
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			<input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated Sept 25, 2009

William R. Banyasz III  
 Signature of a member or authorized representative of a member

William R. Banyasz III  
 Typed or printed name of signer

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Filing Fee: \$25.00

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