

LD5000103109

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Americanan Fire Prevention  
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:

Terry L. Johnson, CPA

Name of Person

Terry L. Johnson, CPA

Firm/Company

406 Greyford Lane

Address

Casselberry, Florida 32707

City/State and Zip Code

cpatlj@yahoo.com

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

For further information concerning this matter, please call:

Terry L. Johnson, CPA

Name of Person

at ( 407 )

721-4753

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**

**American Fire Prevention, 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 October 19, 2005 and assigned  
Florida document number L05000103109.

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)**

**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 records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Shannon Humphrey

New Registered Office Address:

1166 HOWELL CREEK DRIVE

*Enter Florida street address*

Winter Springs

, Florida

*City*

32708

*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.*

Shannon Humphrey  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
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PH 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/24/10

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:

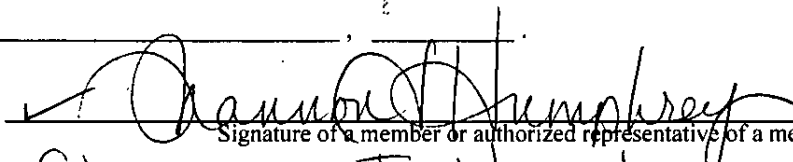
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HUMPHREY, JOEL L PRES	1166 HOWELL CREEK DRIVE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Humphrey, Shannon V/P / CFO	1166 HOWELL CREEK DR WINTER SPRINGS FL 32708	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHANNON HUMPHREY	1166 HOWELL CREEK DR WINTER SPRINGS FL 32708	<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

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

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

Dated \_\_\_\_\_

 08/24/10  
Signature of a member or authorized representative of a member  
Shannon J. Humphrey  
Typed or printed name of signee