

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PIERRE AND ASSOCIATES LLC

Account Number : I20050000192 Phone

: (561)266-5757

Fax Number

: (561)266-8531

MND/RESTATE/CORRECT OR M/MG RESIGN

AMJ EQUITY HOLDINGS L.L.C.

Certificate of Status	0
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Estimated Charge	\$25.00

G. MCLEOD

FEB 2 0 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	(Name of Limited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	ANIEL JEROME	•
	(Name of Person)	80 ISIAID
		OS FEB
·	(Firm/Company)	8 36
	15d50 FMP(F BN/A	19 F
	(City/State and Zip Code)	CORPORATION AMIO: 39
	(City/State and Zip Code)	39
For further information	concerning this matter, please call:	. Jak.
CHARLES	PIERRE at (561) 266-5757 of Person) (Area Code & Daytime Telephone Number)	
, (Name	of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)

MATLING 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

AMJ EQU	ITY HOLDINGS LLC		
(Name of the Limite	d Liability Company as it now appears on (A Florida Limited Liability Company)	one tecords.)	
The Articles of Organization for this Limited I	Liability Company were filed on 10/2	4/2005 and assigned Em	
Florida document number <u>L050001</u>	04913.	TAR OF OF	
This amendment is submitted to amend the following	llowing:	AM 10: 39	
A. If amending name, enter the new name	of the limited liability company here:	39	
NA	vith the words "Limited Liability Company," t	 	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	office address here:	ecords, enter the name of the new	
	(Litter 1	,	
·	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg	ed agent and agree to act in this capaci proper and complete performance of my	duties, and I am familiar with and 608; F.S. Or, if this document is	

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM_	Ulysse Louigene	9161 RED DRIVE PALM BEACH GARDENS, FL 33410	Add Remove
			Add Remove
	<u> </u>		Add Remove
	· · ·		Add Remove
	<u>:</u>		Add Remove
,			Add Remove
D. If amend	ling any other information, enter o	thange(s) here: (Attach additional sheets, if nece	ssary.)
<u> </u>			<u>. </u>
. —			
Dated	I have have	2008	· .
`	u i	cmber or authorized representative of a member TEROIDE Lyned or printed name of signee	

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Filing Fee: \$25.00