

# L06000002871

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

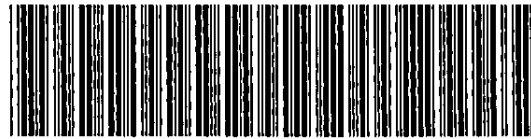
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
2012 SEP 26 AM 11:38

C. LEWIS  
SEP 27 2012  
EXAMINER



R O N A L D L. M A R T I N, C P A, P. A.

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

RE: L06000002871  
AMH Holding LLC

To Whom it May Concern:

Enclosed is a reinstatement form for AHM Holding LLC. Since we have been advised that the name is no longer available also enclosed is a name change form requesting the new name be AHM Holding Group LLC. (if that name is not available please try AHM Holding of Sunny Isles LLC)

Also enclosed is a check in the amount of \$685.00 for the reinstatement and filing fees.

Please let me know if there is any other information required.

Thank you,

A handwritten signature in black ink, appearing to read 'Ronald Martin', with a stylized flourish at the end.

Ronald Martin CPA  
Registered Agent for AHM Holding LLC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AHM Holding 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:

Ronald Martin CPA  
Name of Person  
Ronald L. Martin CPA PA  
Firm/Company  
1442 LaCosta Drive East  
Address  
Pembroke Pines, FL 33027  
City/State and Zip Code  
ronmartincpa@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Martin at ( 954 ) 436-2155  
Name of Person 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  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2012 SEP 26 AM 11:38

**AHM Holding 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 1/9/2006 and assigned  
Florida document number L06000002871.

This amendment is submitted to amend the following:

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

**AHM Holding Group 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:**

13273 Solana Beach Cove

**(Principal office address MUST BE A STREET ADDRESS)**

Delray Beach, FL 33446

**Enter new mailing address, if applicable:**

1442 LaCosta Drive East

**(Mailing address MAY BE A POST OFFICE BOX)**

Pembroke Pines, FL 33027

**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:**

1442 LaCosta Drive East

*Enter Florida street address*

Pembroke Pines

, Florida

33027

*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**

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

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

\_\_\_\_\_

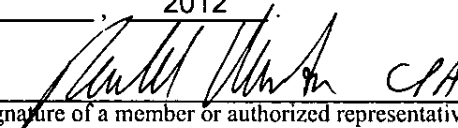
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\_\_\_\_\_

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Dated September 19, 2012

 CPA

Signature of a member or authorized representative of a member

Ronald Martin

Typed or printed name of signee

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