## Wed000097067

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PICK-UP WAIT MAIL
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12/14/11--01013--011 \*\*25.00



D. BRUCE

DEC 16 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations		·
SUBJECT:	Ameritech	Enterprises, LLC	
	Name of Lim	ited Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
		Robert Miller	
		Name of Person	<del>-</del>
	۸m	eritoch Enterprises IIIC	
	Am	eritech Enterprises, LLC	•
		, and company	
		P.O. Box 9580	•
		Address	_ ,
	_	<b>-</b>	
	Pana	ima City Beach, FL 32417	
		City/State and Zip Code	
	bob F-mail address: (	@ameritechroofing.com to be used for future annual report notification)	
		,	25% II F
For further information	concerning this matter, please	call:	SER Y
	Bob Miller	# ( 850 ) 234-0800	
Name of Person		at ( 850 ) 234-0800  Area Code & Daytime Telephone Num	
		• •	©⊞ ~°
			Þ
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

**MAILING ADDRESS:** Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TQ:

Registration Section

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

	Ameritech Enterprises, L	<u>.LC</u>		
(Name of th	e Limited Liability Company as it now ap (A Florida Limited Liability Compa	nears on our records.) ny)		
The Articles of Organization for this L	.imited Liability Company were filed on	4/18/2011	and assigned	
Florida document numberLO	600007067			
This amendment is submitted to amen	d the following:			
A. If amending name, enter the new	name of the limited liability company	here:		
The new name must be distinguishable as "L.L.C."	nd end with the words "Limited Liability Co	mpany," the designation "L	LC" or the abbreviation	
Enter new principal offices address,	if applicable:			
(Principal office address MUST BE	STREET ADDRESS)			
	<del>-</del>		AH.	
Enter new mailing address, if applic	able:		AR I	
(Mailing address MAY BE A POST (			Mo > M	
			70 8 C	
			SE No	
B. If amending the registered ag-	ent and/or registered office address o	on our records, enter ti	e name of the new	
registered agent and/or the new regi	stered office address here:			
Name of New Registered Ag	ent:			
New Registered Office Address	<u></u>	<del></del>		
		Enter Florida street address		
		, Florida		
	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 Now 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 Type of Action Title **Name** Address. MGRM Miller, Robert A. 108 Estes Place DbA 🔲 Remove Panama City Reach, FL 32413 ☑ Add □ Remove Miller Revocable Trust MGRM 108 Estes Place Panama City Beach, FL 32413 🔲 Add ∏ Remove Remove Remove Remove D. If amending any other information, enter change(s) bere: (Attach additional sheets, if necessary.) 10/11 2011 Dated Signature of a member or authorized representative of a member Robert A. Miller Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00