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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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EXAMINER						
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## **COVER LETTER**

TO: Registration Division of C		2			,	
SUBJECT:	MERICAN	FAMILY ame of Limit	LEGACY GROUP, and Liability Company	220		
The enclosed Articles of	of Amendment and t	ee(s) are subi	mitted for filing.			
Please return all corres	pondence concernin	g this matter	to the following:			
		FREGO	Y Russ/4~/ Name of Person			
	•		Name of Person	_		
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	TAN	1p4, 7	City/State and Zip Code  AND AFL GINVESTA  be used for future annual report notifica		TO W	
			City/State and Zip Code			
	FREDRY	ail address: (to	he used for future annual report notifica	ation)	The state of the s	
For further information						
	_		at ( <u>B13</u> 52+-12 Area Code & Daytime 1	.14		
Name	of Person		Area Code & Daytime	relephone Number	<del></del>	
Enclosed is a check for	the following amou	nt:				
\$25.00 Filing Fee	\$30.00 Filing Certificate		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	osed)

## 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 FAMILY	156ACY	Group, 2	1 C	
(Name of the Limited Liability Co	ompany as it now app ited Liability Compan	oears on our records.) y)		
The Articles of Organization for this Limited Liability Com Florida document number <u> </u>	pany were filed on _			ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company	here:		
The new name must be distinguishable and end with the words '"L.L.C."	"Limited Liability Con	mpany," the designatio		abbreviation
Enter new principal offices address, if applicable:			2012 FEB	-17
(Principal office address MUST BE A STREET ADDRES	<u> </u>		27 I	
Enter new mailing address, if applicable:			F STATE	
(Mailing address MAY BE A POST OFFICE BOX)	-			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		n our records, <u>ent</u>	er the name	of the new
Name of New Registered Agent:			<del></del>	
New Registered Office Address:		Enter Florida street	address	
		Florida		
	City	, 1.51luu	Zip Coa	le

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 **Title** <u>Name</u> **Address Type of Action** ROBERT Lynn Pounchottmest P.O. BOX 3399 Add SHAWNEE OK 74801 Remove Add Remove ☐ Add ☐ Remove Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member of authorized representative of a member Fn6004 Kussian

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00