L0900003228

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SECRETARY OF STATE
ALLAHASSEE, FLORIO

APPROVED AND FILED

D. BRUCE
AUG 0 9 2012
EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: American Family Legacy Croup 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:	
Freddy Russian Name of Person American Family Legacy Group LLC. Firm/Company	
20008 Pergola Bend Ln.	
For further information concerning this matter, please call: Tampa FL 33le47. City/State and Zip Code freeddy. Ynssian & at 83 527 1214 Name of Person Area Code & Daytime Telephone Number	ユアアコ
For further information concerning this matter, please call:	;Q
For further information concerning this matter, please call: Fig. 1. Sec. 1.	Ü
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Fami	ly Legacy	Group	LLC.
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number L0900003229	ompany were filed on A	ug. 6th 20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word "L.L.C." Enter new principal offices address, if applicable:	ds "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
(Principal office address MUST BE A STREET ADDR.	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·		FILED FILED FILED SECRETARY OF STALLIAHASSEE, FLO
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>ente</u>	the hame of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street a	ddress
		, 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 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 Type of Action <u>Title</u> Name 1 <u>Address</u> RLP Investments LLC. 1101 Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member RUSSIAN FREDOY Typed or printed name of signee

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Filing Fee: \$25.00