## L09000014832

(Requestor's Name)  (Address)  (Address)	100160975931		
(City/State/Zip/Phone #)	09/25/0901027020 **55.00		
(Business Entity Name)  (Document Number)	OP SEP 25		
Certified Copies Certificates of Status	AN IO: 20		
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B. KOHR

SEP 2 9 2009

**EXAMINER** 

## **COVER LETTER**

10:	Division of Corp		•	
SUBJE	·CT·	America	on Budget LLC.	
SUBJE			ted Liability Company	<del></del>
The en	closed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	24.55
		Dougl	as Heelan, President/CEO	OBST. 25 AMO: 20
			Name of Person	Co Contraction of the Contractio
		An	nerica on Budget LLC.	
			Firm/Company	25
			292 Turk Hill Rd	
			Address	
-			Brewster, NY 10509	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	fication)
For fur	ther information co	oncerning this matter, please o	all:	
•	Dou	glas Heelan	at (_239 )	405-1654
	Name of	Person	Area Code & Daytir	ne Telephone Number
Enclos	ed is a check for the	e following amount:		
<b>□\$</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &  Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COUR Registration Secti	NIER ADDRESS:
	Division	n of Corporations	Division of Corpo	
	P.O. Bo Tallaha:	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive C	Center Circle

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

America on Budget LLC

(Name of the Limited Liab (A Flori	ility Company as it now appear da Limited Liability Company)	rs on our records.)	20
The Articles of Organization for this Limited Liability Florida document number	· · · · —	2/12/09	and assigned
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the l	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	· ·-		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on o ddress here:	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:		, y**7 . y	
	En	ter Florida street add	ress
	City	, Florida	Zin 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>	Address	Type of Action
MGRM	Anita Benkei	4111 Sawgrass Point Dr. Bonita Springs, Fl. 34134	Add Remove
······			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	_
Dated	September 24		<del></del>
	De	of a member or authorized representative of a member	
	Signature	Douglas Heelan Typed or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00