Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000088992 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

· To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name 1 LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION

#### AMERICAN INVESTMENT PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

APR 16 2009

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

## **FAX COVER SHEET**

ТО	
COMPANY	
FAX NUMBER	18506176383
FROM	Tony Burroughs
DATE	2009-04-14 23:07:28 GMT
RE	Please file with FL SOS

#### COVER MESSAGE

Please file with FL SOS

From: BizCopier1@legalzoom.com [BizCopier1@legalzoom.com]

Sent: Tuesday, April 14, 2009 6:01 PM

To: Tony Burroughs

Subject:

This document was digitally sent to you using an HP Digital Sending device.

## **COVER LETTER**

Division of Co				
SUBJECT: AMERIC	CAN INVESTMENT PA	RTNERS LLC		
SOMECT.		mited Liability Company)	-	
The enclosed Articles of	f Amendment and fee(s) are su	abmitted for filing.	,	
Please return all corresp	ondence concerning this matte	er to the following:		
	Tony Burroughs			
	,	(Name of Person)		
	Legalzoom.com, Ind	C.		
		(Firm/Company)	TAL TAL	) >
7083 Hollywood Blvd., Suite 180			SECRETALAHA	, : "1
	7000 Tibliy 07000 Bit	(Address)		, ,,,,,,
			ARY SSEI	~~
	Los Angeles, CA S	(City/State and Zip Code)		ا الله الله الله الله الله الله الله ال
		(-)	LOS A:	7
For further information	concerning this matter, please	call:	o AH 8: 32 Y OF STATE SEE, FLORIDA	<b>)</b>
Tony Burroughs		_at(323)962-8600		
(Name	of Person)	(Area Code & Daytime	Felephone Number)	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)
Regis	LING ADDRESS: tration Section	STREET/COURIER Registration Section Division of Corporat		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN INVESTMENT PARTNERS LLC

(Name of the Limited Li. (A Fi	ability Company as it now appears on our orida Limited Liability Company)	records)
The Articles of Organization for this Limited Liab	ility Company were filed on 03/18/200	9 Zund Beigned
Florida document number <u>L09000026695</u>		B AR
This amendment is submitted to amend the following	ing:	ARY ARY
A. If amending name, enter the new name of th	e limited liability company here:	AM 8: 32  OF STATE E. FLORID
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation
Name of New Registered Agent:		
New Registered Office Address	/Futur Flor	ido atuast adduces
•	(Enter Florida street address)	
<del>-</del>	(City)	Florida(Ztp Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performance of my dured agent as provided for in Chapter 60 istered office address, I hereby confirm	ities, and I am familiar with and 18, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager

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:

MGRM - Managing Member Address Type of Action **Title** <u>Name</u> **MGRM** 14660 Sutherland Ave. Elezabeth Aiithkumar ✓ Add Naples, FL 34119 Remove Remove **□**Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Satish Nair, Member Typed or printed name of signee.

Page 2 of 2

Filing Fee: \$25.00