## L0900057403

(Requestor's Name	e)		
(Address)			
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PICK-UP WAIT	MAIL		
(Business Entity Na	ame)		
(Document Number)			
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Certified Copies Certificate	es of Status		
Special Instructions to Filing Officer:			
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FILED NAY 17 PH 3: 40 SECRETARY OF STATE

J. BRYAN

MAY 1 8 2010

**EXAMINER** 

## **COVER LETTER**

. TO:

n. 33.

P.O. Box 6327

Tallahassee, FL 32314

	tion Section of Corporations		
SUBJECT:	SAJ1, LLC - na	ame change (L09000057403)	
500000 r.		f Limited Liability Company	<del></del>
The enclosed Arti	cles of Amendment and fee(s)	re submitted for filing.	
Please return all c	orrespondence concerning this	matter to the following:	
			20 6 -
		DAVID HANRAHAN	
		Name of Person	
	AR CUSTOMER CARE, LLC		
		Firm/Company	TILE PR 3: 10
	13922 58th Street North		
		Address	***
		Clearwater, FL 33760	
		City/State and Zip Code	<del></del>
	E-mail add	dhanrahan@arhomes.com lress: (to be used for future annual report notification)	<del></del>
For further inform	nation concerning this matter, p	•	
TOT RELIES HILOTI	action concerning this matter, p	cuse cum.	
	David Hanrahan	at ( 727 ) 536-5900	
	Name of Person	Area Code & Daytime Telephor	ne Number
P 1 1: 1	1.6.4.6.11		
\$25.00 Filing	ck for the following amount:  Fee \$\int\\$30.00 \text{Filing Fee}\$	& \$55.00 Filing Fee & \$\infty\$\$	60.00 Filing Fee,
<b>▼</b> ] \$23,00 Filing	Certificate of Sta	ttus Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
~~			
			72 FG G
	MAILING ADDRESS: Registration Section	STREET/COURIER ADD Registration Section	RESS:
,	Division of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

SAJ1, (Name of the Limited Liability Compa (A Florida Limited I		rs on our records.)
The Articles of Organization for this Limited Liability Company Florida document number		June 15, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> ;
AR Customer	Care, LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	SERVE PER CO
(Mailing address MAY BE A POST OFFICE BOX)		53 6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	En	nter Florida street address
		. Florida
<del></del>	City	Zip Code
Now Desistand Agent's Signature if abanging Desistand 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar	ry.)
			FILED TO HAY 17 PM 3: 40 SECRETARY OF STATE TALLARIASSEF, FLARIO
Dated	May 14	2010	TATE OF
	Mary	Heman Co	
	Signature of a met	mber or authorized representative of a member  David Hanrahan	
	Ty	yped or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00