L09000088755

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800184048738

08/20/10--01039--015 **30.00

10 AUG 20 PH 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORID

J. BRYAN

Valid 8 8 304

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	s	
SUBJECT: American	Name of Umited Liability Company	outhwest Florida, LLC
The enclosed Articles of Amendm	ent and fee(s) are submitted for filing.	
Please return all correspondence c	oncerning this matter to the following:	
·	Kristy Wempski Name of Person American Enterprises Firm/Company 606 SW Sawla Barba	SECTION TO
	Address Cape Coral, PL 33 City/State and Zip Code KCKCEM 7 @ 0.01.0 E-mail address: (to be used for future annual repo	991 20m ort notification)
For further information concerning	this matter, please call:	•
Greg Kremps Name of Person	4(-5)	9-0989 Daytime Telephone Number
Enclosed is a check for the follow	ing amount:	
	.00 Filing Fee &\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion Registration Division of Clifton Buil	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. Florida	
New Registered Office Address:	Enter I	Florida street address
Name of New Registered Agent:		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		records, enter the name of the new
	·	NDA S
(Mailing address MAY BE A POST OFFICE BOX)		701 = 1
Enter new mailing address, if applicable:		ALASSEE.
(Principal office address MUST BE A STREET ADDRE	<u> </u>	PE
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the abbreviation
A. If amending name, enter the new name of the limite	ed liability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L09 0000 887 55</u>		
The Articles of Organization for this Limited Liability Cor	npany were filed on <u>Sept</u>	ember 15, 2009 and assigned
HMEVICAN Enter Prise. (Name of the Limited Liability Co. (A Florida Lin	nited Liability Company)	our records.)
American Enterprise	s of Southwes	st florida, UC

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> **Address Type of Action Name** ☐ 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) Libh Trengthe
Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00