

LD9000102086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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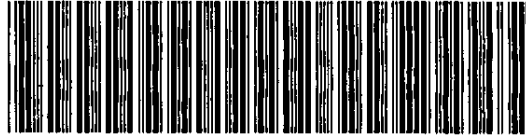
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WISTER CROMPTON INVESTMENTS, 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:

LAWRENCE H. DUGAN, JR.

Name of Person

DORRA & DUGAN, CPA'S

Firm/Company

2475 MERCER AVENUE, SUITE 102

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

LDUGAN@WPBCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE H. DUGAN, JR

561

655-6559

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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

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TALLAHASSEE, FLORIDA

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

WISTER CROMPTON INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/22/2009 and assigned
Florida document number L09000102086.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMJACHC, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHALMERS E. CORNELIUS, III	3300 PGA BOULEVARD	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		PALM BEACH GARDENS, FL 33	<input type="checkbox"/> Change
MGR	LAWRENCE H. DUGAN, JR	2475 MERCER AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 102	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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16	MAY 23	PM 3:25
STORER, JOSEPH TALLAHASSEE, FLORIDA		

16 MAY 23 PM 3:25
STORIED, JR. STATE
ALL WASH. ST. FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 18, 2016.

[Signature]

Signature of a member or authorized representative of a member

LAWRENCE H. DUGAN, JR

Typed or printed name of signee