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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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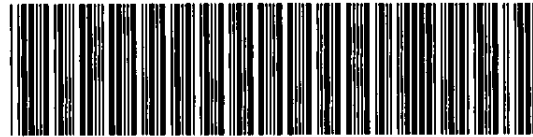
(Business Entity Name)

(Document Number)

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APR 24 2017  
S. YOUNG

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STATE  
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TALLAHASSEE, FLORIDA  
17 APR 21 PM 12:25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** American Asset and Venture Management, 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:

Peter Giffen

Name of Person

American Asset and Venture Management LLC

Firm/Company

12010 SW Aventino Drive

Address

Port Saint Lucie, Florida 34987

City/State and Zip Code

Julie@enternetconnections.com

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

For further information concerning this matter, please call:

Peter Giffen

954 675-4068  
at ( )

Name of Person

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

American Asset and Venture Management, 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 2-9-2010 and assigned  
Florida document number L1000015092.

This amendment is submitted to amend the following:

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

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)**

American Asset and Venture Mgmt, LLC

12010 SW Aventino Drive

Port Saint Lucie FL 34987

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

American Asset and Venture Mgmt, LLC

12010 SW Aventino Drive

Port Saint Lucie FL 34987

**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: Julie Moffat

New Registered Office Address: 12010 SW Aventino Drive  
*Enter Florida street address*

Port Saint Lucie, Florida 34987  
*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	Julie Moffat	12010 SW Aventino Drive	<input checked="" type="checkbox"/> Add
		Port Saint Lucie FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Peter L Giffen	1697 SE Burgandy Lane	<input type="checkbox"/> Add
		Port Saint Lucie FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

It shall be know that on this date I Peter L. Griffen relinguish all managerial tasks and regulatory responsibility  
to one Julie Moffat. Both parties now known to be associated with AAVM have agreed to join efforts in the hopes  
of furthering the agenda outlined in the AAVM mission statement.

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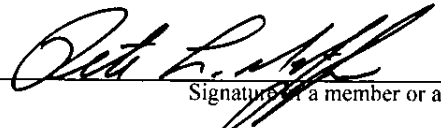
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 18<sup>TH</sup>, 2017.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Peter L. Griffen

\_\_\_\_\_  
Typed or printed name of signee