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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 20 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: American Allied Group.  
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:

Lakshmi Sinclair  
Name of Person  
American Allied Group  
Firm/Company  
8650 Yellow Rose Court.  
Address  
Boynton Beach, FL 33473  
City/State and Zip Code  
Lakshmisinclair@yahoo.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Lakshmi Sinclair at (561) 574-8613  
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

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

American Allied Group

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

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The Articles of Organization for this Limited Liability Company were filed on 6/08/2010 and assigned  
Florida document number L100000 61434.

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 end with 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 Allied Group  
2805 Casita Way, No 108  
Delray Beach, FL 33445

Enter new mailing address, if applicable:

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

American Allied Group  
8650 Yellow Rose Court  
Brynton Beach, FL 33473

**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:

Lakshmi Sinclair

New Registered Office Address:

2805 Casita Way, No 108

Enter Florida street address

Delray Beach, Florida FL 33445  
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 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.

Lakshmi Sinclair  
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

Title	Name	Address	Type of Action
MGRM	Sheri E. Nott	331 Oregon Lane, Boca Raton, FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove *
* (remove	Sheri E. Nott MGRM)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 14<sup>th</sup>, 2010



Signature of a member or authorized representative of a member

Lakshmi Sinclair

Typed or printed name of signee

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