## 40000065241

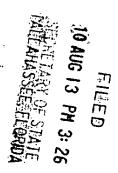
| (Requestor's Name)                      |                |             |  |  |
|---|----------------|-------------|--|--|
| (Address)                               |                |             |  |  |
| (Address)                               |                |             |  |  |
| (City/State/Zip/Phone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



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S. HAWKES
AUG 1 6 2010
EXAMINER

## **COVER LETTER**

| TO: Registration Se<br>Division of Con   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: <u>Ame</u>  | rican Financial<br>Name of Limit           | Assistance Burea<br>led Liability Company  | u LLC  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |
|  | Jonathan<br>American F                     | Monroe  Name of Person  Linancie   Assistance  Firm/Company  | Bureau LLC   |  |
|  | 2121 Corpora                               | Address  FL 32216  City/State and Zip Code  Comeastinet  o be used for future annual report notifica | 1 Suite 152  |  |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call: |  |  |  |  |
| Sonathen<br>Name   |  | at ( <b>904</b> ) <b>672 - 626</b><br>Area Code & Daytime T  | Celephone Number   |  |
| Enclosed is a check for t  | 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 Financial Assist<br>(Name of the Limited Liability Compar<br>(A Florida Limited L                               | ty as it now appears on our records.)  ability Company)          |  |
|--|--|--|
| The Articles of Organization for this Limited Liability Company  | were filed on  |  |
| Florida document number <u>L 10000065261</u> .   | Se S                         |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |  |
| The new name must be distinguishable and end with the words "Limit "L.L.C."  | ed Liability Company," the designation "LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable:  | 2121 Cococate Source Blud  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | 2121 Corporate Square Blud<br>Suite 152                          |  |
|  | Jacksonville, FL 32216   |  |
| Enter new mailing address, if applicable:  | 2121 Corporate Square Blud                                       |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | suite 152  |  |
|  | Suite 152<br>Jacksonville, FC 32216                              |  |
| B. If amending the registered agent and/or registered off 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 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> <u>Name</u> **Address Type of Action** MGR Daniel Chasse 86071 Meadow brook LN ☐ Add Remove Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Sona Han Monroe
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00