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**EXAMINER** 



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SECRETARY OF STATE
VALLAHASSEF FINANCE

## **COVER LETTER**

TO: ' Registration Section

Tallahassee, FL 32314

Division of Corpo	orations				
SUBJECT:	AJM INVE	STMENTS, LLC			
Sobreci.		ted Liability Company	*** **********************************		
i.					
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	ıe				
	JENNIFER D. SHARPE  Name of Person				
	JENNIFER D. SHARPE, P.A.				
		Firm/Company			
	1601 SW 17 AVE				
		Address	, <del>, , , , , , , , , , , , , , , , , , </del>		
	FORT	LAUDERDALE, FL 33312	2		
		City/State and Zip Code	-		
	JENNIFEF	R@SHARPEPLANNING.C	OM		
	E-mail address: (	to be used for future annual report not	ification)		
For further information cor	ocerning this matter, please o	call:			
JENNIE	ER D. SHARPE	at ( 954 )	292-9000		
Name of I			ne 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 enclose	S60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)		
Registrat	NG ADDRESS: tion Section of Corporations to 6327	STREET/COUR Registration Sect Division of Corp Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJM INVES	IMENIS, LL	C		
(Name of the Limited Liability Com (A Florida Limite	d Liability Compan	y) y)	J	
The Articles of Organization for this Limited Liability Compa Florida document numberL10000084497	uny were filed on _	AUGUST 12, 2	2010 and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company	<u>here</u> :		
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Cor	mpany," the designation	on "LLC" or th	e abbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	····	A SE G	•
			AF C	6,197
			TAN ASS	Fide Millions
Enter new mailing address, if applicable:			TEE T	
(Mailing address MAY BE A POST OFFICE BOX)			TO C	
			3: 4 STATI L'ORIC	
			A	
B. If amending the registered agent and/or registered		n our records, <u>en</u>	ter the name	of the ne
registered agent and/or the new registered office address b	<u>iere</u> :			
Name of New Registered Agent:	<del></del>			
New Registered Office Address:			·	
	Enter Florida street address			
	, Florida			
	City		Zip Co	xde

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 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** <u>Name</u> **Address Type of Action** MGR 2009 MACAULEY FAMILY 6010 S. MINNESOTA AVE √ Add Trust Remove SUITE 208 SIOUZ FALLS, SD 57108 MGRM 2009 MACAULEY FAMILY 6010 S. MINNESOTA AVE ☐ Add SUITE 208 √ Remove SIOUZ FALLS, SD 57108 □ Remove Add Remove □Add \_\_\_Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Member managed was mistakenly selected instead of manager managed. October 4 2010 Dated Signature of a member or authorized representative of a member Jennifer D. Sharpe Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00