## 611000019648

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M. MILLIGAN EXAMINER

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## **COVER LETTER**

Division of Corpo	ion Prations		ř ,
	ent Resources, LLC.	,	
sci:	Name of Limited	d Liability Company	
closed Articles of A	mendment and fee(s) are submi	tted for filing	
return all correspond	dence concerning this matter to	the following:	,
	dam Longenecker		•
		Name of Person	· ,
	AHL Investment Resources.	LLC.	
		Firm/Company	
	706 1st St		
		Address	
	Neptune Beach / FL / 32266	,	
		City/State and Zip Code	
<del>a</del> .	top and the day		
ther information cor	icerning this matter, please ca		
Longenecker		904 5362945	,
Name of I	Person	Area Code Daytim	e Telephone Number
•	following amount:  \$\Boxed{\text{\text{\text{\text{S}}}} \text{30.00 Filing Fee & Certificate of Status}}\$	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	ion Section of Corporations (6327,		ou rations enter Circle
	ther information cor Longenecker  Name of I  ded is a check for the  5.00 Filing Fee  MAILIN Registrat Division P.O. Box	AHL Investment Resources, LLC.  Name of Limite  closed Articles of Amendment and fee(s) are submit return all correspondence concerning this matter to  dam Longenecker  AHL Investment Resources.  AHL Investment Resources.  Poet 1st St  Neptune Beach / FL / 32266  AdamLongenecker@gmail.cc  E-mail address: (to ther information concerning this matter, piease ca  Longenecker  Name of Person  ed is a check for the following amount:  5.00 Filing Fee  \$30.00 Filing Fee & Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327, Tallahassee. FL 32314	AHL Investment Resources, LLC.  Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing: return all correspondence concerning this matter to the following:    dam Longenecker

## :0 **ARTICLES OF ORGANIZATION**

**EXTICLES OF AMENDMENT** A STATE OF THE STA **OF** All Linvestment Resources, LLC.

The brocking resources, proc.		
, <u>Yame of the Limited</u>	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	64.0
	Thomas Submy Company	<b>36</b> 6
The Articles of Organization for this Limited Liab	bility Company were filed on 2/22/2011	and assigned
Florida document number L11000019648	<u> </u>	
riorida document number	<del>'</del>	,
inis amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Loggerhead Data, 11c		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
	•	
Enter new principal offices address, if applicat	Die:	
(Principal office address MUST BE A STREET	ADDRESS:	
Sutan navy mailing address if applicables		
Enter new mailing address, if applicable:		
<u>iMailing address MAY BE A POST OFFICE B</u>	<u></u>	
B. If amending the registered agent and/or	r registered office address on our records, en	ter the name of the nev
registered agent and/or the new registered offic	ce address here:	
Name of New Registered Age		
TATHE OF LICENSPELED WASTER		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
ı	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 rovisions 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

is 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>} îile</u>	<u>Name</u>	Address	Type of Action
MGR	Caleb Everett	11789 Paddock Gates Drive	B Ad∂
		Packsonville. FL 32223	☐ Remove
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			□ Remove
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ctive date, if of	ther than the date of fi	iling:	(o	optional)
effective date is list	ted, the date must be specific	c and cannot be prior to date	of filing or more than 90 days atutory filing requirements,	after filing.) Pursuant to 605.
	date on the Department		and or y ming requirements,	,
	es a delayed effective efter the record is file		effective time, at 12:0	)1 a.m. on the earlie
/				
a	unc 5th	2016		2016 TAL
	Mat 2	2016	ill	2016 JUN TALLAH
	W D	Illun	epresentative of a memet	HASSE
	Signature i	of a member or authorized	epresentative of a memer	1,50

Page 3 of 3

Filing Fee: \$25.00