

L11000021381

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

MAR 8 2011

EXAMINER

COVER LETTER

Section
of Corporations

AMERICAN ENTREPRENEURS 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:

DOMINIQUE CLARKE

Name of Person

AMERICAN ENTREPRENEURS LLC

Firm/Company

4513 NW 49 DR

Address

TAMARAC FLORIDA 33319

City/State and Zip Code

RETIREMENTINC@HOTMAIL.COM

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

For further information concerning this matter, please call:

DOMINIQUE CLARKE

Name of Person

at (**954**)

8225920

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

FILED

2011 MAR -7 PM 10:33

AMERICAN ENTREPRENEUR LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/17/2011 and assigned
Florida document number L11000021381.

This amendment is submitted to amend the following:

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

AMERICAN ENTREPRENEURS LLC

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:

4513 NW 49 DR

(Principal office address MUST BE A STREET ADDRESS)

TAMARAC FLORIDA 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

HALDENE BROWN

New Registered Office Address:

1863 NW 29 ST

Enter Florida street address

OAKLAND PARK

City

Florida

33311

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.

Haldene Brown

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DOMINIQUE CLARKE	4513 NW 49 DR TAMARAC FL 33319	☒ Add ☐ Remove
MGR	GUY CLARKE	3213 NE 16 ST POMPANO BEACH FL 33062	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated 2-24, 2011

Dominique Clarke

Signature of a member or authorized representative of a member

Dominique Clarke

Typed or printed name of signee

2011 MAR -7 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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