L11 6506646ff

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
(Oil	growterziph non	O #)
PICK-UP	☐ WAIT	MAIL
	3	
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
	•••	
Special Instructions to	Filing Officer:	





000265207830

10/10/14--01032--022 **25.00

14 OCT 10 AM 10: 59
SECRETARY OF STATE
ALLAMASSEE FLORID.

J. Shivers OCT 1 5 2014

COVER LETTER

TO: Registration Section Division of Corporations	#	
SUBJECT: AMERICAN Name of I	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
OSCUST	Platone	
Gakleaf	Name of Person Pospest, Hongsewert Firm/Company	
708 M	anatee Ave B	
Brade	enton FL 3420 City/State and Zip Code	8
OS C2 6 E-mail address	· platore @ amail.co	pun
For further information concerning this matter, please	e call:	
DSC05 Pletone Name of Person	at (94) 882 - 2989 Area Gode Daytime Telephone Number	_
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing F Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status & y

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

AMBRICAN	BOY LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 452447919.	vere filed on 6/01/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and end with the words "Limited Liabil."	§ LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	708 Honotee Ave 8 Brodeston fr 34208
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	15 Platone AR B
New Registered Office Address: 708 H	enter Florida street address
Bradu	ton Florida 3/208
New Registered Agent's Signature, if changing Registered Agent:	Cuy Sup tio ae
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 605, F.S. Or, if this document is

being filed to merely reflect a change in the registered office address. Thereby 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
 -			Add
			☐ Remove
			TA OC AND SINCE AND ADDRESS OF A CORRESPONDED TO THE CORRESPOND TO
			SSR O
			5 0 5 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
			□ Add
			☐ Remove
			Add
			Remove

		·				
						
		·			 	
	<u> </u>					
effective date m	other than the	ot be prior to date	of receipt or filed	date and cannot	be more than 90	optional) days after
effective date m date this docum		ot be prior to date	of receipt or filed	date and cannot	be more than 90	optional) days after
effective date m	ust be specific, cann	ot be prior to date	of receipt or filed	date and cannot	be more than 90	optional) days after
effective date m	ust be specific, cann	ot be prior to date	of receipt or filed of State)		be more than 90	optional) days after

Page 3 of 3

Filing Fee: \$25.00

14 OCT 10 AM 10: 59
SECRE FARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT IO AMIO: S