

L110000064418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

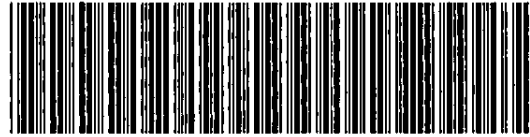
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 6 2012
L. SELLERS

Office Use Only



000239141120

09/04/12--01032--029 **25.00

FILED
12 SEP -4 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN HOME TECH, 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:

CHRISTIANE NEUMANN

Name of Person

AMERICAN HOME TECH, LLC

Firm/Company

6909 S. STATE RD. 121, SUITE 17

Address

MACCLENNY, FL 32063

City/State and Zip Code

chrisn@ahtroofing.com

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

For further information concerning this matter, please call:

Christiane Neumann

Name of Person

at (**704**)

771-6105

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

AMERICAN HOME TECH, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/10/12 and assigned
Florida document number L1100066448.

This amendment is submitted to amend the following:

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

AHT-JAX, 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:

(Principal office address MUST BE A STREET ADDRESS)

6909 S. STATE RD. 121, SUITE 17
MACCLENNY, FL 32063

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
12 SEP -4 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Christiane Neumann

New Registered Office Address:

6909 S. State Rd. 121, Suite 17

Enter Florida street address

MacClenny
City

Florida

32063
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.

[Signature]
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>
MGRM	JEFF LAPOINTE	106 SPINNAKER CIRCLE KINGSLAND, GA 31548	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CHRISTIANE NEUMANN	205 BELVEDERE LANE WAXHAW, NC 28173	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NEIL FERRIGNO	3802 W. GRANADA ST. TAMPA, FL 33629	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 29, 2012.



Signature of a member or authorized representative of a member

JEFF LAPOINTE

Typed or printed name of signee