## LH000/5834

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D. BRUCE DEC 29 2016

## **COVER LETTER**

SUBJECT: AMERICAN GOT TROS 4550C. 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:
Name of Person
AMERICAN HOT RWS ASSUC. LLC Firm/Company
Po Box 10278  Address
City/State and Zip Code  AUN AMOTONS PONTS @ Add. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Moderick 51. A 1850 215-1019
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 HOT TLOS	A5500 L	Loc		
(Name of the Limited Liability Com (A Florida Limite	pany as it now apped d Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on _	07-01-20	2/2 and as	signed
Florida document number <u>L2000015834</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the	e designation "LLC" o	or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	<del> </del>			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		on our records,	2016 SEC	of the new
Name of New Registered Agent:	<del> </del>		AHA PE	
New Registered Office Address:	Enter Fl	lorida street address Flori	SSEE F SI	<u>ה</u>
	City	, 2 1011	Zip Code	<del></del> .
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	1	> <del>-</del>	

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, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
	SAINT, DION L	5721 KEVIN CIR	Add
	•	S721 KEVIN CIR PANAMA City Fl. 3240	Remove
			Change
	SAINT CHRISTOPHER L	5721 KEVIN CIR	Add
	,	S721 KEVIN CIR BANAMA City, Fl. 32404	Remove
			Change
			Add
			□ Remove
			Change
		SEC TALLU	Add
		AHASS	Rempve
		सिन्द सिन्द	Change
		ORIOA	
			□ Remove
			Change
		<del> </del>	
			□ Remove
			Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
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(If an eff Note:	ive date, if other than the date of filing:	5.0207 (3) ted as th
\ Tho	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 90th day after the record is filed.	er of:
Dated	12-22-2016, 2016.  Todah A. Santa Sa	
	Roderick A. Sqirt Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00