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APPROVED AND FILED

09/17/12--01021--024 **25.00

D. BRUCE

SEP 18 2012

EXAMINER

COVER LEȚTER

TO: Registration Division of	on Section f Corporations				
SUBJECT:	American	Trust Counsel LLC			
	Name of Lim	ited Liability Company			
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.			
Please return all cor	respondence concerning this matte	r to the following:			
		Thomas W. Austin	<u> </u>		
		Name of Person			
	Α	merican Trust Counsel			
		Firm/Company		7	
4555 N.\		V. 103rd. Avenue, Suite # 105	5	12 SEP SECRET	
		Address		P	بر بر
		Sunrise, FL. 33351		7 A	AND THE
		City/State and Zip Code		OF SEL	
tho		masaustinpa@hotmail.com s: (to be used for future annual report notification)		E G	*4
		•	10n)	77	
For further informat	ion concerning this matter, please	call:			
	Justin Perez		04 ext # 105		
Name of Person		Area Code & Daytime T	elephone Number		
				•	
Enclosed is a check	for the following amount:				
\$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional	of Status &	

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 Trust (Name of the Limited Liability Compa) (A Florida Limited L		cords.)		
The Articles of Organization for this Limited Liability Company Florida document number 120008895.	were filed on	9 2 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the des	ignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4555 N.W. 103rd. Ave	nue, Suite # 105		
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL. 33351	TAL		
		CR CR S S		
,	·	F AAS		
Enter new mailing address, if applicable:		Y Z FAR		
(Mailing address MAY BE A POST OFFICE BOX)				
		97 3 F		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address , Florida			
	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 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.

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>	Address	Type of Action
Mgrm	Thomas W. Austin	4555 N.W. 103rd. Avenue, Suite # 105 Sunrise, FL. 33351	✓ Add Remove
	, 		Add Remove
			Add Remove
	·		Add Remove
			Add Remove
<u>. </u>			Add Remove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	12 SEP 17
<u></u>		SEE FOR	FILED TO MITE
 Dated	09/13 ,	2012	37
	Signature of a	member or authorized representative of a member	
		Thomas W. Austin Typed or printed name of signee	

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Filing Fee: \$25.00