

L12 000097690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

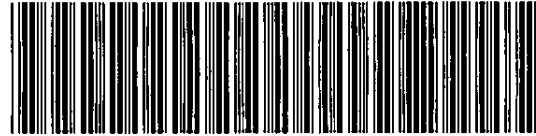
(Business Entity Name)

(Document Number)

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2119 OCT 30 AM 11:37  
1000 N. GULF BLVD  
SUITE 1000  
TALLAHASSEE, FL 32301

APPROVED  
AND  
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13 OCT 30 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACH Administrative Services  
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:

Alisa C. Hamm  
Name of Person

ACH Administrative Services  
Firm/Company

4068 Desoto Farm Road  
Address

Tallahassee, FL 32309  
City/State and Zip Code

alisa@achadminservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alisa C. Hamm at (850) 509-1216  
Name of Person 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(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 7/27/12 and assigned  
Florida document number L12 000097690

This amendment is submitted to amend the following:

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

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)

4068 Desoto Farm Road  
Tallahassee, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4068 Desoto Farm Road  
Tallahassee, FL 32309

**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:

New Registered Office Address:

4068 Desoto Farm Road  
Enter Florida street address  
Tallahassee, Florida 32309  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM.	Alisa C. Hamm	4068 Desoto Farm Rd Tallahassee, FL 32309	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGRM	Sandra G. Veal	3903 Tralee Rd. Tallahassee, FL 32309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Add  
☐ Remove  
☐ Add  
☐ Remove

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

Alisa C. Hamm	51%
Sandra G. Veal	49%

Dated October 29, 2013

Alisa C. Hamm

Signature of a member or authorized representative of a member

Alisa C. Hamm

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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