#1/2000/18064

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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K.SALY EXAMINER JAN 3 0 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN ASSET SERVICES, 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:

JAIME R TEJERA

Name of Person

AMERICAN ASSET STRATEGIES

Firm/Company

2064 PARK ST

Address

JACKSONVILLE,FL 32204

City/State and Zip Code

JRT87@ME.COM

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

For further information concerning this matter, please call:

JAIME R TEJERA

 $_{at}$ 904 $_{)}$ 404-7855

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)

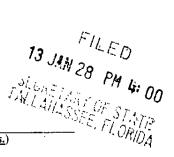
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AMERICAN ASSET SERVICES, 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 Con	mpany were filed on 09/14/	/2012 and	assigned
Florida document number L12000118064	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company,"	the designation "LLC" or the	he abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the name	e of the new
Name of New Registered Agent:			······································
New Registered Office Address:	Factor E	Florida street address	
	Enter P		
	City	, Florida Zip C	ode
New Registered Agent's Signature, if changing Registered	•	·	

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 **Title** <u>Name</u> **Address Type of Action** MICHAEL CARULLI 2338 MEADOW OAK CIRCLE MGR KISSIMMEE FL 34746 Remove 10150 Belle Rive Blvd #1104 🗸 Add DEBRA A. RILEY MGRM Jacksonville, FL 32256

K	<u>•</u>
1/22/2013	
JAIME F	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00