# L13000010930

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(Address)			
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(City/State/Zip/Phone #)			
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(Document Number)			
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FEB 22 2012 D. BRUCE

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1648 Liberty St 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:	
Jame Tyera Name of Person	
American Asset Strategies Firm/Company	
2064 Park St Address	
E-mail address: (to be used for future annual report notification)	Ξ,
For further information concerning this matter, please call:	. t.
Jame Televa at (904) 654-1801  Name of Person  Area Code & Daytime Telephone Number	, , , , ,
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of Status & Certificate Opy (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

1648 Liberty St LL	<u>. C</u>	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Company Florida document numberL13000010930	were filed on 1/22/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		100 m
		CO 5
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
		第四 〇
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
registered agent and/of the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Flor	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			<del></del>
			Add
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			Add
		<del></del>	Remove
			208 FL
<del></del> .			Add .
		<u> </u>	Remove
			Add
			Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Change of address for Jerry A Rodriguez
to: 2064 Park St
Jacksonulle, Fl 32204
Dated February 15th. 2013.
Signature of a member or authorized representative of a member
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00