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J. Shivers OCT 2.9 2014

COVER LETTER

	egistration Sec ivision of Corp		*	
SUBJECT	Manatee	AMI, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		William B. Scovill, E.	squire	
			Name of Person	
		Bart Scovill, PLC		
			Firm/Company	···
		5104 N. Lockwood F	Ridge Road, Ste 102	
			Address	
		Sarasota, FL 34234		
		 	City/State and Zip Code	
		Bettina@Scovills.con		
			to be used for future annual report notific	eation)
For further	information cor	ncerning this matter, please ca	all:	
William	B. Scovill		941 365-2253	
***************************************	Name of I	Person		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

Manatee AMI, 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 Company were filed on October 17, 2014 and assigned Florida document number L14000162427 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address Florida City 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 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Olaf Krause	5104 N. Lockwood Ridge Road	
		Suite 102	■ Remove
		Sarasota, FL 34234	
AMBR	Marissa N. Meise-Krause	5104 N. Lockwood Ridge Road	□ Add
		Suite 102	Remove
		Sarasota, FL 34234	
AMBR	OK Group, LLC	5104 N. Lockwood Ridge Road	Add
		Suite 102	Remove
		Sarasota, FL 34234	
			Add
			SEDICETARY SHASSI
			CFI STAR STAR STAR STAR STAR STAR STAR STAR
			□ Add
			□ Remove

	ion, enter change(s) here: (Attach additional sheets, if necessary.
1	
Effective date, if other than the date effective date must be specific, cannot the date this document is filed by the Flor	late of filing: (optional) t be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State)
Dated October 27	2014
zated	,
S	signature of a member or authorized representative of a member
William B. Scovill	
	Typed or printed name of signee

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Filing Fee: \$25.00

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SECREARY OF STAP
TALL AHASSES FLAGRI