# L1500007 9586

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## **COVER LETTER**

TO:	Registration Sec Division of Corp	ction porations	a <sub>s</sub> ∗	
eun ie	AJM 1915 N	AcKinley St LLC	·	•
SUBJE	C1;	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Gerard Davich		
			Name of Person	<u> </u>
		Insight Accounting LLC		
			Firm/Company	
		1471 S Missouri Ave		
			Address	
		Clearwater Fl 33756		
			City/State and Zip Code	
		gerard@insightaccounting.b		
		E-mail address: (	to be used for future annual report n	otification)
For furt	ner information co	ncerning this matter, please ca	all:	
Gerard			727 445-9707 at ()	
	Name of	Person	Area Code Dayı	ime Telephone Number 25
Enclose	d is a check for the	e following amount:		
\$25	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

AJM 1915 McKinley St LLC			<del>_</del>
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on omited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on April 30	, 2015 a	nd assigned
Florida document number L15000079586			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our s here:	SECRE IVEN OF STATE they records,	
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Florida st	rcet address	
		, Florida	
	City	Zij	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Paul Puzzanghera	1471 S Missouri Ave	Add
	·	Clearwater, Fl 33756	Remove
			☐ Change
AMBR	Family Advancement AJM Trust LLLP	1833 N Keene Road	
		Clearwater, Fl 33755	Remove
			Remove  ALCAR A Change  ASSEL 4
			Remove
			☐ Remove
			☐ Change
			□ Remove
			Change

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ective date, if other than the effective date is listed, the date in	e date of fuing	g:i cannot be prior	to date of filing	or more than 90	(option days after file	<b>al)</b> ing.) Pur	suant to 605.0
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he 90th day after the re	cord is filed.	iace, but no	c an enectiv	e time, at	12.01 6.1	11. 011 (	ne eame
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Typed or printed name of signee

Filing Fee: \$25.00