15000081015

| (Rec | questor's Name) | |
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| (Add | lress) | |
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| (City | /State/Zip/Phon | e #) |
| PICK-UP | | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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| TO: | Registration Se Division of Cor | | • | * 46 | |
|---------|------------------------------------|--|--|------------------------|---------------------------------------|
| CIID II | AJM 520 4 | th St LLC | | | • |
| SUBJE | .ci: | Name of Lim | ited Liability Company | | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | |
| | | Gerard Davich | | | |
| | | | Name of Person | | _ |
| | | Insight Accounting LLC | | | |
| | | , _ , _ , _ , _ , _ , _ , _ , _ , _ , _ | Firm/Company | · | - |
| | 1471 S Missouri Ave | | | | |
| | | | Address | | _ |
| | | Clearwater Fl 33756 | | | 16 SECF TALL |
| | | gerard@insightaccounting.b | City/State and Zip Code | | FILE AUG -9 RETARY C AHASSEE |
| | | E-mail address: (| to be used for future annual repo | rt notification) | 第二点 |
| For fur | ther information c | oncerning this matter, please ca | all: | | N I SI |
| Gerard | l Davich | | 727 445-979 | 07 | REDA REDA |
| _ | Name o | f Person | | aytime Telephone Numbe | ·r |
| Enclos | ed is a check for th | ne following amount: | | | |
| \$2 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed |) Certified | ate of Status & |

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 520 4th St LLC | | |
|---|--|--------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabilite Florida document number L15000081015 | | d |
| This amendment is submitted to amend the following | j : | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain 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 AL | ODRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | NATA | |
| B. If amending the registered agent and/or registered agent and/or the new registered office: | egistered office address on our records, enter the hamer of t | he ne |
| | | |
| Name of New Registered Agent: | <u>DH 25</u> | |
| New Registered Office Address: | Enter Florida street address | |
| | Ti oui do | |
| - | , Florida 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 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 | Add |
| | | Clearwater, Fl 33755 | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | Remove 16 SECRETARY OF STATE ALLAMASSEE FLORIDA |
| | | | Remove |
| | | | Add |
| | | *************************************** | □ Remove |
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| fective date, if other than (| the date of filing: _ | | | (optional) | |
| in effective date is listed, the date in this in the date inserted in this | must be specific and car s block does not meet | nnot be prior to date o | f filing or more than 90 utory filing requires | days after filing.) Punents, this date wi | arsuant to 605.020 |
| cument's effective date on the | | | g. • • • • • • • • • • • • • • • • • | nonio, vino data vi | |
| | | | | | |
| record specifies a delay The 90th day after the r | yed effective date ecord is filed. | e, but not an ei | fective time, at | 12:01 a.m. on | the earlier |
| August 1 | 2 | 2016 | | | |
| iren | | · | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00