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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TALLAHASSEE, FLORIGA

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S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor		3		
SUBJI		hlox Dr LLC			
SODJI	EC1:	Name of Lim	ited Liability Company	-	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Gerard Davich			
			Name of Person		
		Insight Accounting LLC			
			Firm/Company		1
		1471 S Missouri Ave			SECR
			Address		品品
		Clearwater Fl 33756			CRETANSEE, FLORIDA
			City/State and Zip Code		PHI
		gerard@insightaccounting.l			2:0
			to be used for future annual report notif	ication)	-1 =
For fur	ther information c	concerning this matter, please c	all:		
Gerard	l Davich		727 445-9707 at ()		
	Name o	of Person		Telephone Number	
Enclos	ed is a check for the	he following amount:			
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy
	Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	n	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJM 312 Phlox Dr LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 30, 2015	and assigned
Florida document number L15000081110		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 9
(Principal office address MUST BE A STREET ADDRESS)		<u>o</u>
		5 节节
		9 55
Enter new mailing address, if applicable:		PH THE
(Mailing address MAY BE A POST OFFICE BOX)		55 65
		8 9
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>en</u>	ter the name of the ne
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	l
	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?
			PAdd SST
			DRemover S.
			Change
			Add
			☐ Remove
			Change
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Effective date, if other than the da	ate of filing:		(ontion	al)
Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the app	licable statutory filing	ore than 90 days after fil g requirements, this d	ing.) Pursuant to 605.02 ate will not be listed
he record specifies a delayed of the 90th day after the recor		not an effective t	ime, at 12:01 a.r	n. on the earlier
Dated August 1	, 2016	·		
1/1/1/	_			
WIII I		_		
	gnature of a member or au	thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00