## 115000081132

| (Re                     | questor's Name)   |                 |
|-------------------------|-------------------|-----------------|
|                         |                   |                 |
| (Ad                     | dress)            | _               |
|                         |                   |                 |
| (Ad                     | dress)            |                 |
|                         |                   |                 |
| (Cit                    | y/State/Zip/Phone | <del>;</del> #) |
| PICK-UP                 | ☐ WAIT            | MAIL            |
|                         |                   |                 |
| (Bu                     | siness Entity Nan | ne)             |
|                         |                   |                 |
| (Do                     | cument Number)    |                 |
|                         |                   | ,               |
| Certified Copies        | _ Certificates    | s of Status     |
|                         |                   |                 |
| Special Instructions to | Filing Officer:   |                 |
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
|                         |                   |                 |
| <u>i.</u>               |                   |                 |

Office Use Only



000288385220

08/09/16--01024--012 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

AUG 1 1 2016 S. YOUNG

## **COVER LETTER**

|                     | ation Section for Corporations   |               |
|---------------------|--|---------------|
| AJN<br>SUBJECT:     | M 12061 135th LLC  |               |
|                     | Name of Limited Liability Company  |               |
| The enclosed Arti   | ticles of Amendment and fee(s) are submitted for filing.   |               |
| Please return all c | correspondence concerning this matter to the following:  |               |
|                     | Gerard Davich  |               |
|                     | Name of Person   |               |
|                     | Insight Accounting LLC   | 7 55          |
|                     | Firm/Company   | CRE           |
|                     | 1471 S Missouri Ave  | 16 AUG -9     |
|                     | Address  | R Mark        |
|                     | Clearwater Fl 33756  | PHIZ: 14      |
|                     | City/State and Zip Code  | - B           |
|                     | gerard@insightaccounting.biz  E-mail address: (to be used for future annual report notification) |               |
| For further inforn  | mation concerning this matter, please call:  |               |
| Gerard Davich       | 727 445-9707<br>at ( )   |               |
|                     | Name of Person Area Code Daytime Telephone Number  |               |
| Enclosed is a che   | eck for the following amount:  |               |
| ■ \$25.00 Filing    | Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy    | e 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 12061 135th 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 April 30, 2015 and assigned Florida document number \_\_\_\_L15000081132 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 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 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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 LLLF | 1833 N Keene Road    | _ ■ Add   |
|              |                                   | Clearwater, Fl 33755 | □ Remove  |
|              |                                   |                      | Change  |
| <del></del>  |                                   |                      | SEURETAN<br>Add AHAS  |
|              |                                   |                      | □Remove X Remove X R |
|              |                                   |                      | —————————————————————————————————————   |
|              |                                   |                      | □ Remove  |
|              |                                   |                      | ☐ Change  |
|              |                                   | <del></del> -        | Add   |
|              |                                   |                      | Remove  |
|              |                                   |                      | Change  |
|              |                                   |                      | Add   |
|              |                                   |                      | ☐ Remove  |
|              |                                   |                      | Change  |

|  |  |                          |                      |                      |                                      | <del></del>       |                  |
|--|--|--------------------------|----------------------|----------------------|--------------------------------------|-------------------|------------------|
|  | -  |                          |                      |                      |                                      |                   |                  |
|  |  |                          | <u> </u>             |                      | <del></del>                          |                   |                  |
|  |  |                          |                      |                      |                                      |                   |                  |
|  |  |                          |                      |                      |                                      |                   |                  |
| <del></del>  |  |                          |                      |                      | ·                                    |                   |                  |
|  |  |                          |                      |                      |                                      |                   |                  |
|  |  |                          |                      |                      |                                      |                   | <b>.</b>         |
|  |  |                          |                      |                      |                                      | _ <del>5</del> _7 | ري<br>درد<br>سرح |
|  |  |                          |                      |                      |                                      | 8                 |                  |
|  |  |                          |                      |                      |                                      | 6                 | . J.             |
|  |  |                          |                      |                      | =                                    | PH 12: 14         | 1, 1, 1          |
|  | -  |                          |                      |                      |                                      | <u></u>           | Ċ                |
|  |  |                          |                      |                      |                                      | <u></u>           | •                |
|  |  |                          |                      |                      | <del></del>                          | <del></del>       |                  |
|  |  |                          |                      |                      |                                      |                   |                  |
| Effective date, if other than if an effective date is listed, the date | 1 the date of fil<br>te must be specific | ing:<br>and cannot be pr | or to date of filing | g or more than 90 da | (optional)<br>ys after filing.) Purs | uant to 605.02    | 207              |
| Note: If the date inserted in the document's effective date on the     | his block does no                        | ot meet the app          | licable statutory    | filing requiremen    | its, this date will i                | not be listed     | as               |
| ne record specifies a del<br>The 90th day after the                    |  |                          | not an effect        | ive time, at 12      | 2:01 a.m. on t                       | he earlier        | of               |
| Dated August 1   |  | 2016                     |                      |                      |                                      |                   |                  |
| Juiou  |  | _,                       | <del></del> ·        |                      |                                      |                   |                  |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee