

L15000081172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJM 1352 Friend Ave LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerard Davich

Name of Person

Insight Accounting LLC

Firm/Company

1471 S Missouri Ave

Address

Clearwater FL 33756

City/State and Zip Code

gerard@insightaccounting.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerard Davich

1

727

445-9707

at (_____) _____

Name of Person

Area Code

Daytime 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

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and assigned

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paul Puzzanghera	1471 S Missouri Ave	<input type="checkbox"/> Add
		Clearwater, Fl 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Family Advancement AJM Trust <i>LLP</i>	1833 N Keene Road	<input checked="" type="checkbox"/> Add
		Clearwater, Fl 33755	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 1, 2016


Signature of a member or authorized representative of a member

Paul Puzzanghera

Filing Fee: \$25.00