45000147003

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C. GOLDEN

JAN 2 4 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Ame', Oteriors LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Janine Michels Name of Person
	Amei lateriors LLC Firm/Company
	160 Poststewast Dr. Address
	Octolodo FL 32828 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person at (407) 529 - (6292 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
	25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (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 $8-27-2015$ and assigned
Florida document number <u>L15000147003</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Anei heriors LLC 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, 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
			□ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			
			☐ Remove
			□ Change
			Add
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff lote:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	January 14. 2019.
	Chin /hills
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00