

L16000201044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

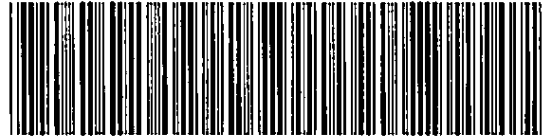
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500321078515

11/27/18--01004--004 \*\*25.00

RECEIVED  
NOV 26 2018

FILED  
18 NOV 26 AM 7:16  
SIOUX FALLS, SD  
FALL 2018

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations



SUBJECT: AHTI 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:

PROCESSING DEPARTMENT

Name of Person

MY CORPORATION BUSINESS SERVICES INC

Firm/Company

26025 MUREAU RD STE 120

Address

CALABASAS, CA 91302

City/State and Zip Code

PROCESSING@MYCORPORATION.COM

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

For further information concerning this matter, please call:

PROCESSING DEPARTMENT



877 692-6772  
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

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

AHTI 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 11/03/2016 and assigned  
Florida document number L16000201044.

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)

7581 SW 191st St

Miami, FL 33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7581 SW 191st St

Miami, FL 33157

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:

7581 SW 191st St

*Enter Florida street address*

Miami

*City*

Florida 33157

*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>
MGRM	Jeffrey T Rannik	7581 SW 191st St	<input type="checkbox"/> Add
		Miami, FL 33157	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Patricia Tania Mejia Paredes de Rannik	7581 SW 191st St	<input checked="" type="checkbox"/> Add
		Miami, FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 18 NOV 20  
 11:17 AM  
 ST. LOUIS, MO  
 TAMM HOSPITAL  
 CLERK: J. J. J.

18 NOV 26 AM 7:30  
SUNNY  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-18-2018 BY 60322  
UCBAW

FILED  
18 NOV 26 AM 7:14  
U.S. DEPT. OF JUSTICE  
RECEIVED

**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 September 22, 2018

Jeffrey T Rannik, MBBRM

**Filing Fee: \$25.00**