Department of State Division of Corporations

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(((H17000096398 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (800)345-4647 Phone Fax Number : (800) 432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: SQUERALES@BOYARMILLER.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AEM #18 FL LLC**

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APR 10 2017

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of Co			
AEM #18	FL LLC		
	Name of Liv	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
,	SILVIA QUERALES		
		Name of Person	
	BOYARMILLER		
		Firm/Cempany	
	2925 RICHMOND AVE	IUE, 14TH FLOOR	್ ရာ.
		Address	1 Egg
	HOUSTON, TEXAS 770	98	APR-1
		City/State and Zip Code	
	SQUERALES@BOYARM		incanton) 99 99 99 99 99 99 99 99 99 99 99 99 99
	li-muil address:	to be used for future annual report rioti	ication)
For further information	concerning this matter, please o	all;	2 5
SILVIA QUERALES		832 615-4249	
Name	of Person		: Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Pee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is onelosed)

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

Lucky Yang 800-770-1332

ARTICLES OF AMENDMENT 11:38:38 AM H170000963983

TO ARTICLES OF ORGANIZATION OF

AEM #18 FL LLC		
(Name of the Limited Liability Comps (A Florida Limited	nny as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000222154	were filed on DECEMBER 8, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
12830 PENSHURST LANE FL LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or ti	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7300 AUBURNWOOD LN	
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE, FL 34786	
	···	30
Enter new mailing address, if applicable:	PO BOX 1263	7 APR
Mailing address MAY BE A POST OFFICE BOX)	CAMARILLO, CA 93011-1263	1 988
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>en</u> g:	ter the name of the R
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	7.0.1
	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

Page 1 of 3

Lucky Yang 800-770-1332 (05/06) 04/07/2017 11:39:01 AH170000963983 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 = M $AMBR = A$	lanager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		a	□ Remove
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