L17000066122

(Requestor's Name)				
(Address)				
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(Business Entity Name)				
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D. SCOTT APR 3 2017

COVER LETTER

Division of Corporations					
SUBJECT: American Heritage Sunrooms 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:					
Sarah McIntoush	ç#				
Name of Person					
Firm/Company	-				
21025 Tupelo Avenue	SECON SECON				
Pensacola, F1. 32526 City/State and Zip Code	FILED RETARY OF STATE AHASSEE, FLORID				
E-mail address: (to be used for future annual report notification)	다. 2				
For further information concerning this matter, please call:	37				
Name of Person at 850 529 2784 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
(additional copy is enclosed) Certified	ite of Status &				

MAILING ADDRESS:

TO:

Registration Section

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

 \circ

- AMERICAN (Name of	he Limited Liability Company (A Florida Limited Lia	as it now appears on our r	ecords.)
The Articles of Organization for this Li Florida document number L17000	mited Liability Company w		
This amendment is submitted to amend			
A. If amending name, <u>enter the new</u>	_	ty company here:	
The new name must be distinguishable and con	tain the words "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, i	f applicable:		
(Principal office address MUST BE A	STREET ADDRESS)		SEC SEC
	-		RETARIO
Enter new mailing address, if applica	ble:		mo m
(Mailing address MAY BE A POST O	FFICE BOX)		ST ST
	-		ORDER 2
B. If amending the registered age registered agent and/or the new regis		ce address on our rec	cords, <u>enter the name of the ne</u> v
Name of New Registered Age	<u></u> :	71-11-1 F-Market	TATELLY AND TO SERVICE AND TO SERVIC
New Registered Office Addres	88.		
and a second of the second of		Enter Florida street a	ddress
			, 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 removed from our records: MGR = Manager				
AMBR = A <u>Title</u>	Authorized Member <u>Name</u>	Address	Type of Action	
MGR	Christopher Ryan McIn	tosh 2625 Tupe	210 Avenue grado	
			. 32526 _ Remove	
			Change	
			Add	
			□ Remove	
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	***************************************		Add:	
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If amending any other information, enter change(s) here: (A	tach additional sheets, if necessary.)
	a No.
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	FLOST .
	POA POA
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) atutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an (b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated March 28 , 2017 .	
Signature of a member or authorized to	epresentative of a member
Uarah McIntosh Typed or printed nam	e of signee

Page 3 of 3

Filing Fee: \$25.00