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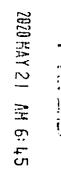
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PICK-UP WAIT MAIL	
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COVER LETTER

TO:

	gistration Se vision of Cor					
CHD IFCT.	AJT Holdings of Northwest Florida, LLC					
SUBJECT:	Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		Andrew J. Thompson				
			Name of Person			
		AJT Holdings of Northwes	st Florida, LLC			
			Firm/Company			
		7840 Pine Forest Road, Su	ite A			
	Address					
		Pensacola, Florida 32526				
			City/State and Zip Code			
		thom1033@gmail.com				
		E-mail address: (to be used for future annual report no	tification)		
For further	information c	oncerning this matter, please ca	all:			
Andrew J.	Thompson		501 802-2388 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	☐ \$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 enclosed)		
	niling Addres		Street Address: Registration Se	ection		
Division of Corporations		Division of Co	rporations			
	O. Box 632		The Centre of			
1 11	Hahassee, I	こし きるき 14	Z4 to ix, ivionio	ne Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJT Holdings of Northwest Florid	a, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	ds.)	
The Articles of Organization for this Limited I Florida document number L17000118800			and assigned	
This amendment is submitted to amend the fol	lowing:		- 55 - 55	
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	~	nddress on our records, <u>ente</u>	r the name of the new registered	
Name of New Registered Agent:	Mary Halstead			
New Registered Office Address:	7840 Pine Fores	st Road, Suite A		
	Enter Florida street address			
	Pensacola,		lorida <u>32526</u>	
		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

Title	<u>Name</u>	Address	Type of Action
AMBR	Mary Halstead	7840 Pine Forest Road, Ste. A	€Add
		Pensacola, Florida 32526	
			□Change
			□Add
			□Remove
			□Change
			🗆 🗅 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Mc3 6 . 3030
Signature of a member or authorized representative of a member
Andrew J. Thompson

Filing Fee: \$25.00

Typed or printed name of signee