LM000170543

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Fied Copies Certificates of Status ecial Instructions to Filing Officer:	
(B	usiness Entity Name)	
(D	ocument Number)	
rtified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
623		

Office Use Only



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FILED 19 BC 27 AK ID: 19

JAN 02 2020

S. YOUNG



December 13, 2019

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ANNE MORGAN APPLIED ENGINEERING MANAGEMENT PO BOX 1263 CAARILLO, CA 93011

SUBJECT: AEM #22 FL LLC Ref. Number: L17000170543

We have received your document for AEM #22 FL LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 319A00025376

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

AEM #22 I SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Anne Morgan				
		Name of Person			
	Applied Engineering Mana	agement			
		Firm/Company			
	P.O. Box 1263				
		Address			
	Camarillo, CA 93011				
		City/State and Zip Code			
	anne.morgan@aemcorp.cor				
	E-mail address: (to be used for future annual report notifi	ication)		
For further information c	oncerning this matter, please ca	all:			
Anne Morgan		805 484-1909 x 3			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	he 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

TO:

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

军官 苗

AEM #22 FL LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our record imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on August 10, 2017	rand assigned 5.
Florida document number 117000170543		F. (d)
This amendment is submitted to amend the following:		部。 到4
A. If amending name, enter the new name of the limite	d liability company here:	
328 Apopka St Fl LLC	_	
he new name must be distinguishable and contain the words "Limited	d 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 ADDRE.	<u></u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeregistered agent and/or the new registered office address	red office address on our records	s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida Zip Code
-	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con	id agree to act in this capacity. I fu nplete performance of my duties, ar	rther agree to comply with t nd I am familiar with and

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

f 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	
MBR =	Authorized	Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
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			☐ Remove
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			Change
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ote: If the dat	te inserted in th	n the date of fili te must be specific a nis block does no the Department o	it meet the app	licable statutory	g or more than 90 filing requirem	(optional) days after filing.) Pu ents, this date wil	irsuant to 605.020 I not be listed a
record spe The 90th d	ecifies a dela ay after the	ayed effective record is filed	e date, but d d.	not an effecti	ive time, at 1	.2:01 a.m. on	the earlier o
ated		2/26 Signature of	2019	<u> </u>			
		Signature of	a member or a	uthorized represen	tative of a member	er	<u>.</u>
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Page 3 of 3

Filing Fee: \$25.00