117000170544

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
(Document Namber)
Tertified Copies Certificates of Status
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19 DEC 27 AND: 18

GLOSTED STATE FOREMA



JAN 02 2020 **S. YOUN**G



December 13, 2019

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

SUBJECT: AEM #23 FL LLC Ref. Number: L17000170544

We have received your document for AEM #23 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.

Shelia H Young Regulatory Specialist II

www.sunbiz.org

D A D AM ASSE D 11 1 2004

Letter Number: 519A00025376

COVER LETTER

AEM #23 F SUBJECT:	<u> </u>	111111111111111111111111111111111111111	
	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Anne Morgan		
		Name of Person	
	Applied Engineering Mana	igement	
		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 notific	cation)
For further information c	oncerning this matter, please ca	all:	
Anne Morgan		805 484-1909 x 32	
Name o	f Person	at ()Daytime	Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section **Division of Corporations**

> 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

AEM #23 FL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(//	Piorida Limited Liability Company)	(E) TO
The Articles of Organization for this Limited Liab		and assigned
Florida document number L17000170544		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
13704 Summerport Vlg Pkwy FL LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>er</u> e address here:	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
•	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
			
			Remove
			□ Change
			
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
	<u> </u>		
			□ Domana

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 of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Nate: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. It he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Il-Ab, 2019 When a Manager of a member of authorized representative of a member	_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.	_	
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	the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Signature of a member or authorized representative of a member	Dated _	12-26, 2019
Signature of a member or authorized representative of a member		De Morean
		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00