

L18000122093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

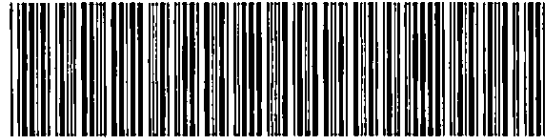
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2018 SEP 10 PM 12:56

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9/24/18 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2018

FREDERICK WEIDLE  
526 FALLEN TIMBERS DR  
ORANGE PARK, FL 32073

SUBJECT: AMERICAN INFORMATION MANAGEMENT EXPERTS LLC  
Ref. Number: L18000122093

We have received your document for AMERICAN INFORMATION MANAGEMENT EXPERTS LLC and your check(s) totaling \$25.00. 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 the corrected original and one copy of 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) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 418A00014199

SEP 10 PM 12 56  
FILED

FILED

## COVER LETTER

page 3  
enclosed  
this time.

TO: Registration Section  
Division of Corporations

SUBJECT: CHANGE OF ADDRESS

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDERICK WEIDLE

Name of Person

AMERICAN INFORMATION MANAGEMENT EXPERTS LLC

Firm/Company

526 FALLEN TIMBERS DR

Address

ORANGE PARK, FL 32073

City/State and Zip Code

FWEIDLE@ME.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDERICK WEIDLE

931 215-6511

Name of Person

at ( )

Area Code

Daytime Telephone Number

2010 SEP 10 PM 3:45  
RECEIVED

2010 SEP 10 PM 12:56  
FILED

Enclosed is a check for the 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  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Chilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AMERICAN INFORMATION MANAGEMENT EXPERTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/15/2018 and assigned  
Florida document number L18000122093.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

526 FALLEN TIMBERS DR

ORANGE PARK, FL 32073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

526 FALLEN TIMBERS DR

ORANGE PARK, FL 32073

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

526 FALLEN TIMBERS DR

*Enter Florida street address*

ORANGE PARK

*City*

Florida 32073

*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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          | <input type="checkbox"/> Change |
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