# L19000117628

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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R. WHITE APR 0 3 2020

### **COVER LETTER**

TO: Registration Sec Division of Corp		• •		
SUBJECT:	Merican c Name of Limi	Judgement ited Liability Company	Enforcement L.L.	
The enclosed Articles of A	unendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Wat:	am Vehb Name of Person		
	Webh =	Investigat	\euS	
		Firm/Company		
	1414 5 Para	of Ave ste	101	
		Address		
	Okechobo	ie Fl	34973	
	E-mail address:	Debting of the	eport notification)	
For further information co	ncerning this matter, please ca	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
William 1	Jebb	at (5//)	U) 6-8399 Daytime Telephone Number	
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
*Ø \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &	

## Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



March 24, 2020

WILLIAM WEBB 1414 S PARROT AVE STE 101 OKEECHOBEE, FL 34973

SUBJECT: AMERICAN JUDGEMENT ENFORCEMENT L.L.C.

Ref. Number: L19000117628

We have received your document for AMERICAN JUDGEMENT ENFORCEMENT L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 120A00006401

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Indiane (Name of the Limited Liability Compar (A Florida Limited L	nt Enforcement as it now appears on our reliability Company)	2020 1. 2 3 P.1112: 49
The Articles of Organization for this Limited Liability Company of Florida document number LIGOOD 11 7 6 2 9		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
he new name must be distinguishable and contain the words "Limited Liabili	tions L.L.C	"I I C" or the abbreviation "I I C "
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		cina Mile 11 1 ste 401  Derlie f. 1 33.715
Enter new mailing address, if applicable:	1414 5 8	Panit Ave stelul
Mailing address MAY BE A POST OFFICE BOX)	Oce (Lohe	c a 39973
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, g	enter the name of the new registered
New Registered Office Address:		
	Enter Florida street a	address
	City	, Florida
	CIŅ	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>	Name	Address	Type of Action
	<del></del>		□Add
•		Remove	
			□Add
			Remove
		<b>□A</b> dd	
			Remove
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		Remove	
		□Add	
			□Remove
			□ Change

## Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
·	
<del> </del>	
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E. Effective date, if other than the date of filing:	otional) for filing.) Pursuant to 605.0207 (3) this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:03 b) The 90th day after the record is filed.	La.m. on the earlier of:
Dated March 1, 2020, Well	
Signature of a member or authorized representative of a member	<del></del>
Typed or printed name of signee	

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Filing Fee: \$25.00