

121000155930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

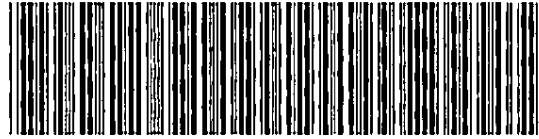
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

NOV 18 2021



800376284868

11/08/21--01019--005 \*\*30.00

FILED  
2023 NOV -8 AM 11:11  
SECRETARY OF STATE  
TOLSON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AJV ASSOCIATES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY J VOGT  
Name of Person

AJV ASSOCIATES LLC  
Firm/Company

6244 SE VISTA AVENUE  
Address

STUART, FL 34997  
City/State and Zip Code

jackvogt@ajvassociates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY J VOGT at (206) 399-4376  
Name of Person Area Code Daytime Telephone Number

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 Address:**

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

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

AJV ASSOCIATES 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 APRIL 5, 2021 and assigned Florida document number L21000155930.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

Enter Florida street address

Florida

City

2023 NOV - 8 AM 11:11  
OFFICE OF  
CLERK OF  
COURT  
JUDICIAL  
CIRCUIT  
IN  
FLORIDA  
CLERK OF  
COURT  
JUDICIAL  
CIRCUIT  
IN  
FLORIDA

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>
AMBR	JOANNA LANDRY	6244 SE VISTA AVE	<input type="checkbox"/> Add
		STUART, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HANNAH DAROCZY	890 HONEY CREEK DR	<input type="checkbox"/> Add
		COLUMBUS, OH 43228	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN VOGT	329 BYRD ST	<input type="checkbox"/> Add
		AUBURN, AL 36832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONALD S VOGT	329 BYRD ST	<input type="checkbox"/> Add
		AUBURN, AL 36832	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)(b)

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 NOVEMBER 4, 2021

Signature of a member or authorized representative of a member

ANTHONY J VOGT  
Typed or printed name of signee

**Filing Fee: \$25.00**