9/6/22, 5:23 PM

Division of Corporations

Florida Department of State Division of Comporation

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To:

Page: 2 of 6

Division of Corporations

Fax Number : (850)617-6383

From:

S Ġ

2022 St.

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO:	Registration Se Division of Cor			3 • • • • • • • • • • • • • • • • • • •
		VEST GROUP LLC		
SUBJ	ECT:	Name of Limit	ed Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
		ondence concerning this matter t		
		Cheyenne Moseley		
			Name of Person	***
		Legalzoom.com, inc.		
			Firm: Company	
		101 N Brand Blvd 11th Fl		
			Address	<u> </u>
		Glendale, CA 91203		
			City/State and Zip Code	
		ymoresson86@gmail.com		
			be used for future annual report notif	ncation)
For fu	rther information co	oncerning this matter, please ca	lì:	
Cheye	enne Moseley		800 773-0888 at ()	
	Name o	1 Person	Area Code Daytime	e Telephone Number
Unalo	end is a clouck for th	ne following amount:		
	25.00 Filing Fee	S30,00 Filing Fee &	■ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
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	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:
	Registr	ration Section	Registration Section	ท
	P.O. Be	on of Corporations ox 6327	Division of Corpor Clifton Building	
	Tallaha	issee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

Page, 4 of 6

A HENCH INDEED OROUGH LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJEMS INVEST ONDOF LEC			
(Name of the Limited Liab (A Flor	oility Company as it novida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Florida document number L22000073551	Company were filo	d on	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability com	pany here:	
AJEMS Investment Group LEC			
The new name must be distinguishable and contain the words "L	imited Liability Compa	ny." the designation "LLC" or	the abbreviation "L L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office add	lress on our records.	enter the name of the ner
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	7 AH
		Et 1	
·	Cin	, Florid	da <u>11: 17 / In</u> Cade
	City		- ***** OT

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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
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