

M04000001372

(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:

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2017 SEP 28 AM 10:13

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SEP 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Asset Management Holdings, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICA ROBERTSON
Name of Person

Asset Management Holdings
Firm/Company

100 Paramount Dr Ste 205
Address

Sarasota, FL 34232
City/State and Zip Code

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

For further information concerning this matter, please call:

ERICA ROBERTSON at (941) 926-7722
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Asset Management Holdings, LLC

Enter new principal office address, if applicable:

100 Paramount Dr

(Principal office address

Ste 205

MUST BE A STREET ADDRESS)

Sarasota, FL 34232

Enter new mailing address, if applicable:

100 Paramount Dr

(Mailing address

Ste 205

MAY BE A POST OFFICE BOX)

Sarasota, FL 34232

2. The Florida document number of this limited liability company is: MO4000001372

3. Jurisdiction of its organization:

Nevada

4. Date authorized to do business in Florida:

10/07/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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:

Zachary L. Ross

New Registered Office Address:

100 Paramount Drive, Suite 205

Enter Florida Street Address

Sarasota

City

Florida

34232

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2017

ASSET MANAGEMENT HOLDINGS, LLC
ERICA ROBERTSON
100 PARAMOUNT DR, STE. 205
SARASOTA, FL 34232

SUBJECT: ASSET MANAGEMENT HOLDINGS, LLC
Ref. Number: M04000001372

We have received your document for ASSET MANAGEMENT HOLDINGS, 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):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00013695

REC
1 SEP 14 AM 11:16
CRESTAP
LANSING - FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2017

ASSET MANAGEMENT HOLDINGS, LLC
ERICA ROBERTSON
100 PARAMOUNT DR, STE. 205
SARASOTA, FL 34232

SUBJECT: ASSET MANAGEMENT HOLDINGS, LLC
Ref. Number: M04000001372

We have received your document for ASSET MANAGEMENT HOLDINGS, 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 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00018858

REC
2017 SEP 26 AM 11:17
SARASOTA
FLORIDA