

LO7000021282

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : RE-MMAP INC  
Account Number : I20110000080  
Phone : (561) 623-0241  
Fax Number : (561) 953-0089

13 APR 26 AM 11:47

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

Email Address: INFO@RE-MMAP.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A3 ENTERPRISES, LLC

Certificate of Status	0
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Page Count	01
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 26 2013  
D. BUTLER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A3 ENTERPRISES, 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:

**HUBERT MCINTOSH**

Name of Person

**RE-MMAP INC**

Firm/Company

**4500 BELVEDERE ROAD, SUITE A-3**

Address

**WEST PALM BEACH, FL 33415**

City/State and Zip Code

**INFO@RE-MMAP.COM**

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

13 APR 26 AM 11:47

For further information concerning this matter, please call:

**HUBERT MCINTOSH**

Name of Person

at ( **561 623-0241** )

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A3 ENTERPRISES, 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 02/26/2007 assigned Florida document number L07000021282

13 APR 26 AM 11:47

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4500 BELVEDERE ROAD, SUITE A-3

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33415

Enter new mailing address, if applicable:

4500 BELVEDERE ROAD, SUITE A-3

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33415

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:

RE-MMAP INC

New Registered Office Address:

4500 BELVEDERE ROAD, SUITE A-3

Enter Florida street address

WEST PALM BEACH

Florida

33415

City

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 608, 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.

Robert McJoshi

If Changing Registered Agent, Signature of New Registered Agent

**If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KADIR, AYSHE	217 W RIVERSIDE DR	<input type="checkbox"/> Add
		JUPITER, FL 33469	<input checked="" type="checkbox"/> Remove
MGR	KADIR, AYSHE	4500 BELVEDERE ROAD, SUITE A-3	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated APRIL 26TH, 2013

*Sylvia Rosales*

Signature of a member or authorized representative of a member

**SYLVIA ROSALES**

Typed or printed name of signee

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Filing Fee: \$25.00

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