

L09000100983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

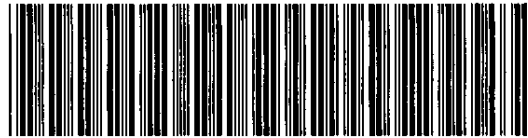
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000230671010

05/01/12--01029--014 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY - 1 AM 11:57

MAY - 2 2012  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AFSEC INVESTMENTS, 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:

**ALBERT L COOPER, JR**  
Name of Person

**AL TAX AND ACCOUNTING SERVICES, INC**  
Firm/Company

**3390 KORI ROAD STE 14**  
Address

**JACKSONVILLE, FL 32257**  
City/State and Zip Code

**cooper310138@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ALBERT L COOPER** at ( **904** ) **579-1909**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**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**

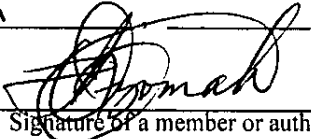
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMES PYNE	7200 POWERS AVENUE APT 218 JACKSONVILLE, FL 32217	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TOBO KENNEDY	6341 CLARET DRIVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PORTEH SAYON	7061 OLD KINGS ROAD APT 155 JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 12 MAY - 1 AM 11:57

Dated 04/24/12



Signature of a member or authorized representative of a member

OBAKU NYOMAH

Typed or printed name of signee