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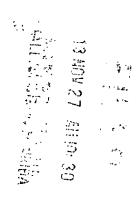
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

AEON BUSINESS SERVICES

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:

RICHARD KLING

Name of Person

MERCHANT OWL

Firm/Company

478 E ALTAMONTE DR. #108-294

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

RICH@MERCHANTOWL.COM

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

For further information concerning this matter, please call:

RICHARD KLING

ູ 407 883-2246

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

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

AEON BUSINESS SERVICES

(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 10/24/2012	and assigned
Florida document number L12000135699	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
MERCHANT OWL LLC.		
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	in the second second
		計 5 符
		73
Enter new mailing address, if applicable:		A Transition
(Mailing address MAY BE A POST OFFICE BOX)		
	, , , , , , , , , , , , , , , , , , , ,	(a)
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, <u>enter</u> lress here:	the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street ad	ddress
	, Florida	
 -	City	Zip Code
New Registered Agent's Signature if changing Degisters	od Aganti	

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.

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>	Name	Address	Type of Action
			Add
			Remove
			—— ———————————————————————————————————
			Add
		-	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
		•	Fr A 4 4 7
		(A)	Add Remove
			Add
			Remove
			
			Add
			Remove

Lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	A / 1 -
ed	November 23, 2013.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee
	\mathbf{S}
	Page 3 of 3
	Filing Fee: \$25.00

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