

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 OPFEBIB AN # 23
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AFTO5, LLC

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TALLAHASSEE, FLORIDA

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M. THOMAS

FEB 19 2009

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EMPIRE CORP KIT



7048E0000 60H

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFTO5, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears of mited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 02/12/	2009 and assigned
Florida document number L09000014473	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here;	
AFT05, LLC		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company.	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>	- Im - 0
(Principal office address MUST BE A STREET ADDRE	255)	
		m _Q =
		og *
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
H. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the name of the name
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter	Florida street address)
	, Florids	
	(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.

(If Changing Registered Agent, Signature of New Rogistered Agent)

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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:

	Name	Address .	Type of Action
			Add Remove
			Add Receive
<u></u> -			Add Remove
***			Add Remove
	·		日本語
			Add Remove Of
). If amend	ding any other information, enter chan	ge(3) here: (Attach additional sheets, if necessary.)	
			<u>-</u>
			- -
Dated	Storesturbed a many	er or authorized representative of a member	- -

Filing Fee: \$25.00

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MGR = Manager