13000172561

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(6)	(Ch.A. Eli /Dh.	- 40
(Cit	y/State/Zip/Phone	? #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



200252862022

01/23/14--01024--007 **25.00

TALLAHASSEL FI DRIF.

B. 30STICK

JAN 2 9 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AAA Scholaship Foundation, FC, CCC 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:
Name of Person
AAA Scholarship Foundation
3135 State Road 580, Soite 15
Safety Harbor FL 34695 City/State and Zip Code Kim Caaa Schokahias arg E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (888) 707-2465 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{Certificate of Status}\$ \$25.00 Filing Fee \$\text{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

AAA Scholarship Foun	Lation-FL. UC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000 [7256]</u> .	were filed on $\frac{12/13/201}{}$	3	_ and as:	signed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limited Liab	The Company of the co				
·	ouity Company," the designation "LLC"	or the abbre	eviation "	L.L.C.	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	[[
		72	(
		111 m	PO		
Enter new mailing address, if applicable:		<u> </u>	တိ	٠	
(Mailing address MAY BE A POST OFFICE BOX)		1	(.) (.)		
<u> </u>		=======================================	13		
			- 3		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the	name	of the ne	
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	t.nter t-Iorida street address				
	, Florid		Zip Code		
	Cuy	•	ыр Соае		

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			Add
	·		Add Remove
			□ Remove
		 	□ Add
			□ Remove
			<u>.</u>
			□ Add
			□ Remove

	Article 1	1II- Lin	itations .	on Powers	(sec
	a Hack and	1			
tive da	te, if other than the	e date of filing:			(optional)
fective d	ite must be specific, can	not be prior to date of		and cannot be more th	(optional) an 90 days after
fective date this de	ate must be specific, can be be be the F	not be prior to date of		and cannot be more th	(optional) an 90 days after
fective date this de	ite must be specific, can	not be prior to date of		and cannot be more th	(optional) an 90 days after
ffective de ate this de	ate must be specific, can be be be the F	not be prior to date of		and cannot be more th	(optional) an 90 days after
ffective de ate this de	ate must be specific, can be be be the F	not be prior to date of lorida Department of s	State) 2014	and cannot be more the	an 90 days after

Page 3 of 3

Filing Fee: \$25.00

ZERH JR.S. Z.G., P.S. (Z.)



ARTICLE VII - LIMITATIONS ON POWERS

The purpose and activities of AAA Scholarship Foundation – FL, LLC are limited to activities which are carried on for the exclusive benefit of AAA Scholarship Foundation Inc., a Georgia not for profit corporation, and AAA Scholarship Foundation – FL, LLC, will only exercise powers which are in furtherance of AAA Scholarship Foundation, Inc.'s exempt purposes.

Offices: Alabama • Arizona • Florida • Georgia • Pennsylvania Corporate Office: 3135 State Road 580, Suite 15, Safety Harbor, FL 34695 Phone and Fax: 888-707-2465 • Website: www.aaascholarships.org