L05000044595

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne) .
(Do	cument Number)	
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SECRETARY OF STATE A

K. SALY MAR 3 0 2017

COVER LETTER ...

	egistration Sectivision of Corp			·
SUBJECT		Investment Group,LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspoi	ndence concerning this matter	to the following:	
		Frances Casey Lowe		
			Name of Person	
		Guilday, Simpson, West, F	latch, Lowe & Roane, P.A.	
Firm/Company				
		68-A Feil Way		
			Address	
		Crawfordville, Florida 323	27	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		francie@francielowe.com		
For further	information co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	ication)
Michelle N	∕aloni .		850 926-8245 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

2017 MAR 28 PM 2: 11
TALLAHASSEE, FLORIDA

Old Aaron Investment Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

05/05/2005

Florida document number L05000044595		and assigned
This amendment is submitted to amend the fol		
A. If amending name, enter the new name of	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and	l/or registered office addres	s on our records, enter the name of the new
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Michele Johnston	
New Registered Office Address:	605 Oakwood Trail	
-	Ente	r Florida street address
	Crawfordville	, Florida
	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George Johnston	605 Oak Wood Trail	Add
		Crawfordville, Florida 32327	Remove
			☐ Change
MGR/AMBR Michele Johnston	Michele Johnston	605 Oakwood Trail	Add
		Crawfordville, Florida 32327	□ Remove
			☐ Change
MGR/AMBR Clegg Hooks	Clegg Hooks	2264 Holly Terrace Lane	■ Add
		Tallahassee, FL 32309	□ Remove
		Change	
			AND Remove 28 2: 11 AND REMOVE Charge 2: 11 AND AND SSEE TO MAN Add 1
·			☐ Remove ☐ Change ☐ Add
			□ Remove
			Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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	MAR 28 PH
	で見る。 一一
	7. To
_	
_	
(If an effec Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	March 17. 2017. Lewe Attorney Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00