105000874292

stor's Name)				
(Address)				
(Address)				
ate/Zip/Phone #)				
WAIT MAIL				
ss Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400212575104

10/03/11--01051--019 **35.00

11 OCT 12 PH 4: 24
ALLAHASSEE, FLORIN

D. BRUCE

OCT 13 2011

EXAMINER



October 4, 2011

SCOTT J. ROHLEDER 2820 W. FOUNTAIN BLVD TAMPA, FL 33609

SUBJECT: DAER HOLDINGS, LLC

Ref. Number: L05000074292

We have received your document for DAER HOLDINGS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 611A00022779



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	AER HOLDINGS	LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Scott 5			
		Name of Person		
	 	Firm/Company		
	2820	W. FOUNTAN BLU	D ==	
		Address		
	TAM	Address PA, FL 33609 City/State and Zip Code ROHLEDEL @ VELLE to be used for future annual report notifica	OCT AHAS	ļ
	Scarce	City/State and Zip Code	12 SSEE	
	E-mail address: (to be used for future annual report notifica	SEE. FLORI	
For further information	concerning this matter, please o		iale Orio	
Scott	ROH LEDER	at(813) 416-819	8	
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	he 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

@ PREVIOUSLY SUBMUTTED. PLBASE Refer to Letter 611A00022779

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Limited Liability Company)

. (A Florida Limited L	(A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>Los 2000 14393</u> .	were filed on and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2820 W. FOUNDAN BLUD TAMPA, FL 33609			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2820 W. FOUNTAW BLVD TAMPA, PL 33609			
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	City , Florida S = T			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is			

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 Title **Address** Type of Action Name ETENS, MICHAEL 28461 US HAGHWAY 19 N ☐ Add Remove CLEARWATER, PL 33761 ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. 2011 Dated SEPTEMBER Signature of a member or authorized representative of a member SCOTT J. ROHLEDER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00