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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Al

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advanced Installed Products, LLC  
(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:

Cathe Gray  
(Name of Person)

Advanced Installed Products, LLC  
(Firm/Company)

1900 Wambolt St  
(Address)

Jacksonville, FL 32202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathe Gray at ( 904 ) 807-0174 ext 124  
(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OF  
ADVANCED INSTALLED PRODUCTS, LLC**

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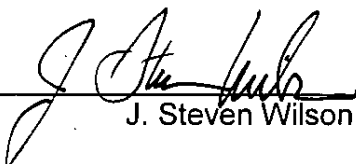
- FIRST:** The Articles of Organization of Advanced Installed Products, LLC were filed on 04/19/2006 and assigned document number L06000040661.
- SECOND:** The undersigned Member/Manager of ADVANCED INSTALLED PRODUCTS, LLC does hereby certify that the Members of said Company approved the amendment to Article I of the Articles of Organization of said Company as set out herein, and in compliance with the Articles of Organization and the Operating Agreement of said Company so that it shall read as follows:

**"Article I**

The name of the Limited Liability Company is

AIP GROUP, LLC."

IN WITNESS WHEREOF, the undersigned Manager of this Company has executed the Amendment this 4<sup>th</sup> day of October, 2007.

  
\_\_\_\_\_  
J. Steven Wilson  
\_\_\_\_\_  
Member/Manager

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TALLAHASSEE, FLORIDA

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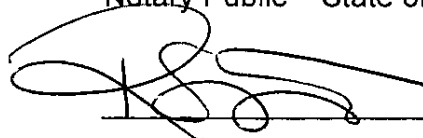
STATE OF FLORIDA  
COUNTY OF DUVAL

Sworn and subscribed before me this 4 day of October, 2007 by  
J. Steven Wilson, who is personally known to me or \_\_\_\_ produced  
identification. Type of identification produced: \_\_\_\_\_.

Notary Public – State of Florida



Rachael Scott  
My Commission DD336318  
Expires July 06, 2008

  
\_\_\_\_\_