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SECRETARY OF STATE
AND AHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	AEH INVES	Ament Govup, Lited Liability Company	LC	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Chelse	PC lingle Narhoof Person		
	AEH	Investment Grap., LL Firm/Company	<u>C</u>	
	215 1	UE 1St Ct Address	<del></del>	
	SQt. Bo	h, FL 3293	TAKE <b>16</b>	
	AEH_I	City/State and Zip Code	ALLA RETAIN	T.
•	E-mail address: (	to be used for future annual report notifi	cation) SSE	イーににし
For further information	concerning this matter, please co	all:	FSI. FLC	C
<u>Chelser</u> Name	lingle of Person	at ( 404 ) 382 Area Code Daytime	Telephone Isumber	
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)	
<b>MAl</b> i Regis Divis P.O. I Tallal	io - Dorations B - 7	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	tions  Iter Circle	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 4060004214	oility Company were filed on <u>OU. ZU. VO</u> and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of th	he limited liability company here:
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	501 01 6 2262
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	215 NE 18t Ct  SAtellike Beach 18th 32537
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  Satellite Beach, Florida 32937  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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ffec	tive date, if other than the date of filing: (optional)	
fan ei	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	0207 (3)
vote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	d as the
ocur	nent's effective date on the Department of State's records.	
o ro	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of
The	e 90th day after the record is filed.	. 01.
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	Signature of a member or authorized representative of a member	
	('holson Tracker	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00