(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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J. SAULSBERRY **EXAMINER**

FEB 2 3 2011

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	ECT: A 8		IITED LIABILITY COMF	PANY		
		Name of Limi	ed Liability Company			
		Amendment and fee(s) are sub	•			
		;	STANLEY U. HUNT			
			Name of Person			
		A & A SERVICE	S, LIMITED LIABILITY CO	MPANY		
			Firm/Company	 -		
1547 P		PETERS CREEK ROAD		2011 SEG		
			Address			
GREEN COVE SPRINGS, FL 32043		III FEB 22 BEGRETARÝ (LĽAHASSEE				
City/State and Zip Code		平	in and			
STAN@RIVERCPA.COM E-mail address: (to be used for future annual report notification)		cation)	PM 1:03 OF STATE E. FLORIDA	No.		
For fur	ther information co	oncerning this matter, please c	•	zanony	IDA OS	
	STAN	ILEY U. HUNT	at (904)	626-6347		
	Name of	f Person	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for th	se following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
MAILING ADDRESS: Registration Section			STREET/COURIE Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & A SERVICES, LIMITED LIABILITY COMPANY

(A Florida	Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Florida document number L06000042483	Company were filed on	4/24/2006	and assigned	
Florida document numberL06000042483	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :		
RI	VER CPA, LLC			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		···	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)		<u></u>	
	****	. <u></u>		
Enter new mailing address, if applicable:			22 L	
(Mailing address MAY BE A POST OFFICE BOX)			me r	
			53 _ (1)	
			RATE OF	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on o dress here:	ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>		<u>Address</u>	Tvr	oe of Ac	ction
Title	Name		Address		<u>k oi Ac</u>	<u>. (1011</u>
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D. If a	mending any other info	ormation, enter change	e(s) here: (Attach additional sheets, if necessar	是至	1: 03	Q .,.,,.
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				<u> </u>		
						
Dated	FEBRUARY 1	7 74 . 201	<u>(</u>			
_		00-1-				
		Signature of a member	or authorized representative of a member		_	
			ANLEY U. HUNT			
			or printed name of signee		_	

Page 2 of 2

Filing Fee: \$25.00