

# L07000025118

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

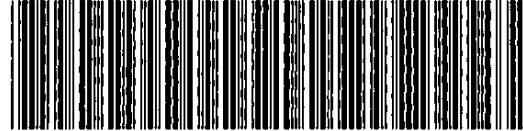
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A1A Alliance SR16 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:

**Robert Graubard**  
(Name of Person)

**A1A Alliance SR16 LLC**  
(Firm/Company)

**2802 N. 5th Street**  
(Address)

**St. Augustine, FL 32084**  
(City/State and Zip Code)

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For further information concerning this matter, please call:

**Cindy Chapman** at ( **904** ) **494-2721**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

A1A Alliance SR16 LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 03-07-2007 and assigned document number L07000025118

**SECOND:** This amendment is submitted to amend the following:

Manager/Member Detail

Manager

Robert M. Graubard, 113 Water Street, St. Augustine, FL 32084

Members

Cindy S. Chapman, 509 Turnberry Lane, St. Augustine, FL 32080

John R. Chapman, 509 Turnberry Lane, St. Augustine, FL 32080

Dated July 19, 2007

Cindy S. Chapman

Signature of a member or authorized representative of a member

Cindy Chapman

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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