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**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT:	AAA Glob	oal Services, LLC				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		City/State and Zip Code				
	fication)					
For fluther information		to be used for future annual report noti	neadon)	and the		
ros turner intormation	concerning this matter, please	zaii.		7689 ( 356)	64 TT121	
	onso Nilooban	at ( 786 )	715-2435		Per April	
Name	of Person	Area Code & Daytin	ne Telephone Number	-5 -5	1	
				ांचंद्रः 📜		
Enclosed is a check for	the following amount:			AT D	أمديها	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy		te of Status &		
		(additional copy is enclosed		ed Copy onal 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

A	A Global S	ervices, LLC	) *			
(Name of the Limited (A	<u>Liability Compa</u> Florida Limited I	ny as it now appea liability Company)	irs on our records.			
			April 28, 2008			_
The Articles of Organization for this Limited Li	and a	assigned	i .			
Florida document number L08000041	<u>921</u> .					
This amendment is submitted to amend the following	wing:					
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :			
	N/A	<b>\</b>				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	any," the designation "	LLC" or th	e abbrev	iation
Enter new principal offices address, if applica	ble:	N/A				
(Principal office address MUST BE A STREE	(ADDRESS)			<u></u>	~.3	
					ာ ဗော်	
					0C]	E L
Enter new mailing address, if applicable:		N/A		7	i cn	To make a second
(Mailing address MAY BE A POST OFFICE I	ROY)		,	m <sub>G</sub>	<b>3</b> >	it.
muning numers may be at our office i	<del>IOAJ</del>			والورج المناس	<u> </u>	(
				700	<del></del>	
B. If amending the registered agent and/o	r registered of	no seathre anif	our records, enter	A	of the	new
registered agent and/or the new registered of	ice address her	e:	out records, <u>enter</u>	***************************************	<u> </u>	
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
	dress					
•		, Florida				
	<u></u>	City		Zip Code		
NI DO LA SEL DE LOS DEL CONTROL DE LOS DE LOS DE LOS DE LOS DEL CONTROL DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DE LOS DEL CONTROL DEL CONT						

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 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Name **Address** Type of Action Abrigo, Richard MGRM 601 NE 39th St, Suite 325 **✓** Add Miami\_FL\_33137\_\_\_ Remove \_\_\_ Add Remove ☐ Add Remove Add Remove ∏Add Remove E □ A dd D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A September 30 2009 Dated\_ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Alfonso Nilooban

Filing Fee: \$25.00