

L09000100983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

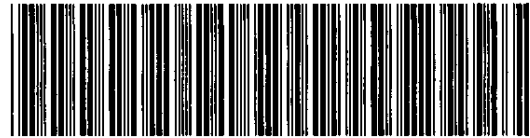
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -1 AM 11:57

MAY - 2 2012
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AFSEC INVESTMENTS, 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:

ALBERT L COOPER, JR

Name of Person

AL TAX AND ACCOUNTING SERVICES, INC

Firm/Company

3390 KORI ROAD STE 14

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

cooper310138@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT L COOPER

Name of Person

at (904)

579-1909

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

AFSEC INVESTMENTS LLC

Page 1 of 2

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:

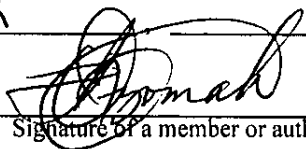
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMES PYNE	7200 POWERS AVENUE APT 218 JACKSONVILLE, FL 32217	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TOBO KENNEDY	6341 CLARET DRIVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PORTEH SAYON	7061 OLD KINGS ROAD APT 155 JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

04/24/12



Signature of a member or authorized representative of a member

OBAKU NYOMAH

Typed or printed name of signee

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