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| (Req | uestor's Name) | | |
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| (Add | ress) | | |
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| (City. | /State/Żip/Phone | + #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bus | iness Entity Nam | ne) | |
| (Document Number) | | | |
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY - 2 2012 T. HAMPTON

COVER LETTER

| TO: Registration Division of | n Section Corporations | | | | |
|-------------------------------------|---|--|--|--|--|
| SUBJECT: | AFSEC INVESTMENTS, LLC | | | | |
| SOBSECT. | Name of Limited Liability Company | | | | |
| The enclosed Articles | of Amendment and fee(s) are submitted for filing. | | | | |
| Please return all corre | spondence 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 | on concerning this matter, please call: | | | | |
| | BERT L COOPER at (904) 579-1909 ne of Person Area Code & Daytime Telephone Number | | | | |
| | | | | | |
| Enclosed is a check for | or the following amount: | | | | |
| \$25.00 Filing Fee | ▼\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | | |
| | | | | | |

MAILING ADDRESS: Registration Section

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

| AFSEC INVES (Name of the Limited Liability Compar (A Florida Limited L | | ords.) |
|---|-----------------------------------|----------------------------------|
| (A Florida Limited L | iability Company) | 13. |
| The Articles of Organization for this Limited Liability Company | were filed on OCTOBER | 13 2009 and assigned |
| Florida document numberL09000100983 | r | SEC VISI |
| | | SECRETAR VISION OF |
| This amendment is submitted to amend the following: | | - 0FA |
| A. If amending name, enter the new name of the limited liab | ility company here: | 로 되었다. |
| | | = 22 |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ted Liability Company," the desig | nation "LLC" or the abbieviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | enter the name of the new |
| | • | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida si | traut addrass |
| | Emer Prortad si | ireer address |
| | ,,, | oridaZip Code |
| | City | Lip Coue |

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 <u>Name</u> **Address Type of Action** MGRM JAMES PYNE ☐ Add 7200 POWERS AVENUE APT 218 JACKSONVILLE, FL 32217 ∇ Remove TOBO KENNEDY MGRM 6341 CLARET DRIVE ☐ Add JACKSONVILLE, FL 32210. ✓ Remove MGRM PORTEH SAYON 7061 OLD KINGS ROAD APT 155 ✓ Add JACKSONVILLE, FL 32217 ☐ Remove ☐ Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member **OBAKU NYOMAH** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00