L09000104101

(Requestor's Name)				
(Address)				
(Δ.	ldress)			
(ric	idicaa)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne) .		
(Do	cument Number)	• • •		
Certified Copies	_ Certificates	of Status		
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Special Instructions to	Filing Officer:			
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JAN 4 2010 EXAMINER

COVER LETTER

TO: Registration S Division of Co		*	
* 4:			
SUBJECT:		AYROLL LLC	
~	Name of Limi	ited Liability Company	
	• • •	•	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RAY	MOND G. FLORES CPA	
		Name of Person	
	FLOR	ES FLORES & GARG PA	
		Firm/Company	
	8	09 BEVERLY PKWY	
		Address	
	Pi	ENSACOLA FL 32505	
		City/State and Zip Code	
	raym	ond_flores@aaesllc.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please c	•	,
	FLORES CPA	a(\	96-6966
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 DEC 3.1 PM 15 05

	PEO PAYROLL LLC	פארטב	TARY DE STATE		
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records. AH	ASSEE, FLORIDA		
The Articles of Organization for this Limited Li	ability Company were filed on	10/28/2009	and assigned		
Florida document number L09000104	101				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :			
All America	n Employee Leasing Solution	ns LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>				
		_			
B. If amending the registered agent and/or registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	RAYMOND G. FLORES				
New Registered Office Address:	New Registered Office Address: 809 BEVERLY PKWY				
	ter Florida street add	ress			
	PENSACOLA	, Florida	32505		
	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

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 = M	Ianager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□Add □Remove
			Add Remove
D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
-			— —
_		TALLAH AH AH	2009 DEC 3.1
Dated	MAM	on authorized representative of a member	OF STE
	RAYMOND G. FL	LORES, MANAGING MEMBER or printed name of signee	5

Page 2 of 2

Filing Fee: \$25.00