L10000012921

(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2010 FEB 12 PM 1:21

COVER LETTER

d.

TO:

TO:	Registration Sec Division of Corp					
SUBJE	ECT:	AAA LAV	V GROUP, LLC			
SC DU 1	<u></u>		ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
EDC			GAR A. BENES, ESC	Q		
			Name of Person			
		ED	EDGAR A. BENES, P.A.			
			Firm/Company			
2300 NW			ORPORATE BLVD., S	SUITE 222		
			Address			
BOC			RATON, FLORIDA 3	3431		
		EDEN	City/State and Zip Code	JW.		
		E-mail address: (t	o be used for future annual repo	ort notification)		
For fur	ther information co	oncerning this matter, please c	all:			
	EDGA	AR A. BENES	at (_561_)	999-1993		
_	Name of	Person		Daytime Telephone Number		
Enclose	ed is a check for the	e following amount:				
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		NG ADDRESS:	STREET/C Registration	OURIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327			Corporations			

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAA LAW	GROUP, LLC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	any were filed on	FEB. 3, 2010	and as	signed
Florida document number <u>L10000012921</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company her	r <u>e</u> :		
The new name must be distinguishable and end with the words "L'L.L.C."	imited Liability Compa	any," the designation "I	LLC" or the	abbreviatio
Enter new principal offices address, if applicable:				
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>			20 IA
			AF	
			(n) 12 ·	5 F
Enter new mailing address, if applicable:				ट्र ांग
Mailing address MAY BE A POST OFFICE BOX)	 			
			A A	<u> </u>
				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, enter t	he name o	of the nev
egistered agent and/or the new registered office address	<u>itere</u> :			
Name of New Projection d. A. a. of				
Name of New Registered Agent:				
New Registered Office Address:	P1			
	Enter Florida street address			
		, Florida		
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Manager's 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** MGR JARETT D. YAVITZ 3368 SHEFFIELD CIRCLE ☐ Add SARASOTA, FLORIDA 34239 Remove ☐ Remove ☐ Add Remove ∏ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 11** Dated_

EDGAR A. BENES, MANAGER

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00