

L10000030293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

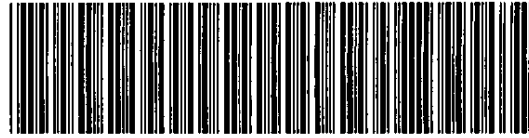
(Document Number)

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TALLAHASSEE FLORIDA

MAY 12 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: American Age Classics, LLC, Document Number L10000030293

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:

James Taylor

Name of Person

American Age Classics, LLC

Firm/Company

109 Chaffee Rd S

Address

Jacksonville, FL 32220

City/State and Zip Code

j.taylor@aac-fleet.com

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

For further information concerning this matter, please call:

James Taylor

904 624 9399

Name of Person

at ()
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

American Age Classics, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 18 March, 2010 and assigned Florida document number L10000030293.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

109 Chaffee Rd S
Jacksonville, FL 32220

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

109 Chaffee Rd S
Jacksonville, FL 32220

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: James Taylor

New Registered Office Address: 109 Chaffee Rd S

Enter Florida street address

Jacksonville, Florida 32220

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan McGuire	10850 Grayson St	<input type="checkbox"/> Add
		Jacksonville, FL 32220	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

This is to reflect a change in corporate ownership, or the attached supporting documents. As of this date

Jonathan McGuire no longer has any affiliation, stake or ownership interest in this entity and all contact

information and addresses should be changed to Mr. James Taylor at the address and phone number given

above.

E. Effective date, if other than the date of filing: _____ (optional)

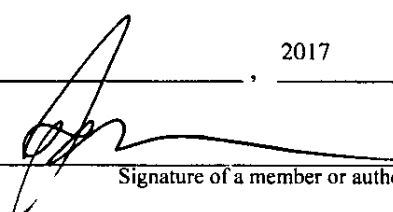
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8 May _____, 2017



Signature of a member or authorized representative of a member

James Taylor

Typed or printed name of signee

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