10000088762

(Requestor's Name)					
(Address)					
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06/09/11--01002--004

T. HAMPTON JUN 1 0,2011

EXAMINES

COVER LETTER

SUBJECT:	Al	EM, LLC					
	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
		Ann Meyer					
		Name of Person					
	AEM, LLC						
		Firm/Company	-				
	8550 Touchton Road, Suite 236						
		Address					
Jacksonville, Florida 32216							
		City/State and Zip Code					
	eri	c@flipflop-media.com					
	eric@flipflop-media.com E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please o	eall:	. •				
Eric	Sean Kennedy	at (904)	228-3609				
Name o	of Person	Area Code & Dayti	me 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS **OF**

11 JUN -9 AM 11:37

	A	EM, LLC		
(Na	me of the Limited Liability ((A Florida Li	Company as it now appointed Liability Company	ears on our records.)	
	(,	
The Articles of Organization	for this Limited Liability Con	mpany were filed on _	August 23, 2010	and assigned
Florida document number	L10000088762			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limit	ed liability company h	ere:	
The new name must be distingu "L.L.C."	ishable and end with the word	s "Limited Liability Con	ppany," the designation "LI	C" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	<u>ST BE A STREET ADDRE</u>	ess)		
				
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A				
			_	
B. If amending the regist registered agent and/or the			our records, enter th	e name of the new
registered agent and or the	TO TO THE TOTAL OF			
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
			Enter Florida street addr	ess
		City	, Florida	Zip Code
		cuy		zip couc

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Eric Sean Kennedy	124 Clearlake Drive Ponte Vedra Beach, Florida 3228	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	ي –
			SECRETARY OF JIVISION OF CORP
Dated	June 6th Signature of a mem	2011	OF STATE SPORATIONS
-	A	Ann Elizabeth Meyer ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00