

L11000040147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700213939737

11/03/11--01020--022 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -3 AM 8:43

FILED

J. SAULSBERRY
EXAMINER

NOV 04 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AET COMPLIANCE, LLC
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:

H.B. Stivers

Name of Person

Levine & Stivers LLC

Firm/Company

245 E. Virginia Street

Address

Tallahassee, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

Jason Wiles

Name of Person

at (850)

766-2006

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -3 AM 8:43

FILED

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

AET COMPLIANCE, 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 04/04/2011 and assigned Florida document number L11000040147.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Levine & Stivers LLC

New Registered Office Address:

245 E. Virginia Street

Enter Florida street address

Tallahassee

, Florida

32301

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHAD GUNTER	331 BRUCE STREET ST GEORGE ISLAND, FL 32082	UPDATE ADDRESS <input type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	PHILIP A. HOLLAND	104 BILLY SNELL ROAD DOTHAN, ALABAMA 36301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CBDO	JASON A. WILES	515 W. 8TH AVENUE TALLAHASSEE, FLORIDA 32303	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

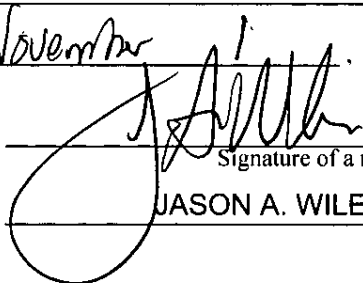
FEI/EIN NUMBER: 45-2193321

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -3 AM 8:43

FILED

Dated November 1, 2011



Signature of a member or authorized representative of a member

JASON A. WILES, authorized representative of a member

Typed or printed name of signee