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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: AIA WHOLESALE			
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:			
RUSSELL J PILE III			
Name of Person			
A IA WHOLESALE			
Firm/Company			
369 BLANDING BLVD NII Address			
City/State and Zip Code RUSS, PILE Q YAHOO, COM Firmal address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
RUSSELL J PILE III at (904) 339-1049 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

^ ^	SECONT - MM IU: 31	
AIA WHOLESALE.	SECRETARY OF STATE TALLAHASSEE FLORIS	
(Name of the Limited Liability Compar (A Florida Limited L		
(A Florida Ellinted E	addity Company)	
The Articles of Organization for this Limited Liability Company	were filed on MAT, IG, ZØT and assigned	
Florida document number L1000057514		
Tronds document mander District Distric		
This amandment is submitted to amand the full arriver		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation	
"L.L.C."		
Enter new principal offices address, if applicable:	369 BLANDING BLWD NII	
(Principal office address MUST BE A STREET ADDRESS)	ORANGE PARK, FL	
	37073	
Enter new mailing address, if applicable:	369 BLANDING BLUD NII	
Mailing address MAY BE A POST OFFICE BOX) ORANGE PAIK, FL		
	37073	
P. If amonding the registered egent and/or registered of	to address on any monde and a the many of the many	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on our records, enter the name of the new	
Name of New Registered Agent: RUS SE	IL IPILE III	
	369	
New Registered Office Address: 3174	FOUR CLESSE IN BLANDING BLUD NI	
ORAM	CC PARIC Enter Florida street address 37073	
JACKSON UILLE, Florida 32296		
-	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 Title Title <u>Name</u> **Address** Type of Action 3174 SUGAR CREEK UN RUSSELL 1 PILETIT MGR MAdd Remove ☐ Add Remove ☐ Add ☐ Remove ■Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated AUG | 201(

Signature of a member or authorized representative of a member

RUSSILL J PILE TTI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00