

L11000073591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

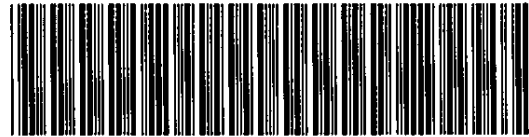
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EXAMINER



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05/29/12--01041--008 **25.00

12 MAY 29 PM 3:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AARON CLASSES LLC
Name of Limited Liability Company

12 MAY 29 PM 3:51
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES S. HUNTER

Name of Person

AARON CLASSES LLC

Firm/Company

PO BOX 533441

Address

ORLANDO, FL 32853

City/State and Zip Code

ADMIN@FLAPARENT.COM

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

For further information concerning this matter, please call:

JAMES S. HUNTER

Name of Person

at (407)

246-0280

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**

AARON CLASSES LLC

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

19 MAY 29 PM 3:01

The Articles of Organization for this Limited Liability Company were filed on 06/24/2011 and assigned
Florida document number L11000073591.

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)

PO BOX 533441
ORLANDO, FL 32853

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:

New Registered Office Address:

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Signature of a member or authorized representative of a member

JAMES S. HUNTER
Typed or printed name of signee