L11000102557

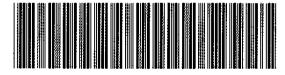
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(Address)					
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EXAMINER



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AGIRO (4. SESSE ACTIONS)

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COVER LETTER

TO:	Registration S Division of Co			·	· ·
SUBJI	ret.	AOM	1 Group LLC		
3010	JC 1		ited Liability Company		- 100725
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		15 P.
Please	return all correspond	ondence concerning this matte	er to the following:		
			Amy L. Sanford		·
			Name of 1 cison		
			AOM Group LLC Firm/Company		
			runicompany		
		250-	4 West Tennessee St Address	treet	
			Address		
		Tal	lahassee, Florida 323	304	
			City/State and Zip Code		
		E-mail address:	amy@576loan.com to be used for future annual re	port notification)	
For fur	ther information of	concerning this matter, please	call:		
		my Sanford	at (_850)	765-0042	
	Name o	of Person	Area Code &	& Daytime Telephone N	umber
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Cerr enclosed) Cer	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
		ING ADDRESS:		COURIER ADDRES	SS:
Registration Section Division of Corporations				f Corporations	
	P.O. Be	ox 6327	Clifton Bui	ilding	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AOM Gro	oup LLC	O.	3.60
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears Liability Company)	s on our records.)	3. °
The Articles of Organization for this Limited Liability Company Florida document numberL11000102557	were filed on	9/6/2011 and assigne	d Sty
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here	*	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compan	ny," the designation "LLC" or the abbre	viation
Enter new principal offices address, if applicable:	2504 West Te	nnessee Street	
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, F	FL 32304	
	0504 West To	Stt	
Enter new mailing address, if applicable:		nnessee Street	
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee F	L 32304	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter the name of th</u>	e new
Name of New Registered Agent:			
New Registered Office Address:	Ente	er 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Action
			Add Remove
The state of the s			Add Remove
			Add Remove
			AddRemove
			Add Remove
			
. If amen	ling any other information, enter	r change(s) here: (Attach additional sheets, if n	ecessary.)
			
	October 19		

Page 2 of 2

Filing Fee: \$25.00