L11000115790

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SECRETARY OF STATE
TACLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

AUG 29 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Richard S. Aman JR. 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:		
Richard S. Aman JR. Name of Person		
Richard S. Aman JR. LLC Firm/Company		
1121 Thorntonville Drive	28	
BRyceville, FL. 32009 City/State and Zip Code	2 AUG 27 CRETAR LAHASSI	distanting to
E-mail address: (to be used for future annual report notification)		,
For further information concerning this matter, please call:	M & 42 OF STATE FLORID	
Richard S. Aman Jr. at (904) 266-3473 Name of Person Area Code & Daytime Telephone Number	- *	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \tex	Status &	

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

Richard S. Amo	an JR. L	<u>LC</u>	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 11000115790</u> .	ny were filed on <u>tO/10</u>	/2011 and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lir" "L.L.C."	nited Liability Company," the	e designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:		Ās	28
(Principal office address MUST BE A STREET ADDRESS)		ECA	73
		A S	E ::
Enter new mailing address, if applicable:		RY OF SEE, F	Tri
(Mailing address MAY BE A POST OFFICE BOX)		LOR	Q
		<u>d</u>	42
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		cords, <u>enter the nan</u>	ne of the new
New Registered Office Address:	Enter Flor	rida street address	
	2		
	City	_, Florida 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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name Address Sonny C. Aman MGR X Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00