L11000148449

(Re	equestor's Name)			
(Ac	ldress)			
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(Bı	usiness Entity Na	me)		
(Document Number)				
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COVER LETTER

TO: Registration Se Division of Cor		e santa e e e e e e e e e e e e e e e e e e e	 :			
SUBJECT: AAC Invest, LLC						
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Rupert Wies	it .				
	······	Name of Person				
	AAC Invest,	LLC				
		Firm/Company				
	Sonnenstras	sse 3				
		Address				
Scherzingen 8596 CH						
		City/State and Zip Code				
rupert@aac-web.com E-mail address: (to be used for future annual report notification)						
For further information c	oncerning this matter, please ca		(Canon)			
Rupert Wie		_{at (} 239 ₎ 471-20	648			
Name o	f Person	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

AAC Invest, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000140449</u> .	nany were filed on 12/14/2011	and assigned
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 al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Muling maress MAT BE ATOST OFFICE BOA)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	-TT
	, Florida	<u> </u>
	Cin	Zin 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action **Rupert Wiest** Sonnenstrasse 3 MGR □ Add Scherzingen 8596 CH **■** Remove 1010, 10/F Miramar Tower __ ■ Add MGR Asia Automotive Consulting Ltd 132 Nathan Road, Tsim Sha Tsui Kowloon, Honkong, SAR ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove

Ð.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		_
		_
		_
	Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	_
	the date this document is filed by the Florida Department of State) Dated August 1 , 2014 .	
	I Royal Wind	
	Signature of a member or authorized representative of a member Rupert Wiest	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00