

L13000016574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

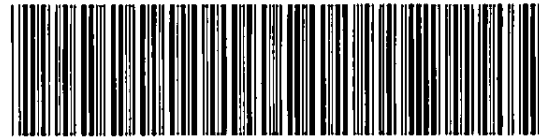
(Business Entity Name)

(Document Number)

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FILED  
2025 JAN 30 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2025 JAN 30 PM 3:13  
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TALLAHASSEE, FLORIDA

AB

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/30/2025

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1344015

**ORDER ENTITY**  
THE AIMPOINT GROUP, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

THE AIMPOINT GROUP, LLC ( FL )

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely/

A handwritten signature in black ink, appearing to be "MB" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: The Aimpoint Group, 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:

Janice Harmon

\_\_\_\_\_  
Name of Person

Honigman LLP

\_\_\_\_\_  
Firm/Company

660 Woodward Ave., Ste. 2290

\_\_\_\_\_  
Address

Detroit, MI 48226

\_\_\_\_\_  
City/State and Zip Code

jharmon@honigman.com

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

For further information concerning this matter, please call:

Janice Harmon

313

465-8214

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

The Aimpoint Group, LLC

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

2025 JAN 30 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 02/01/2013 and assigned  
Florida document number L13000016574.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

345 N. Maple Drive, Ste. 300

**(Principal office address MUST BE A STREET ADDRESS)**

Beverly Hills, CA 90210

**Enter new mailing address, if applicable:**

345 N. Maple Drive, Ste. 300

**(Mailing address MAY BE A POST OFFICE BOX)**

Beverly Hills, CA 90210

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida 32301

*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 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.*

Brendan Shaikh Assistant Secretary  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mike Mulka	3240 Oleander Way	<input type="checkbox"/> Add
		Lauderdale-by-the-Sea, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew Alexander	345 N. Maple Drive, Ste. 300	<input checked="" type="checkbox"/> Add
		Beverly Hills, CA 90210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly Leong	345 N. Maple Drive, Ste. 300	<input checked="" type="checkbox"/> Add
		Beverly Hills, CA 90210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jason Davis	77 Fulton Circle	<input type="checkbox"/> Add
		Sylacauga, AL 35150	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Madison Retirement Holdings Mideo, LLC	345 N. Maple Drive, Ste. 300	<input checked="" type="checkbox"/> Add
		Beverly Hills, CA 90210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 28, 2025

**- Signed by:**

Janice Herman

~~105-24616-1455~~

Signature of a member or authorized representative of a member

Janice Harmon, Authorized Person

Typed or printed name of signee

**Filing Fee: \$25.00**