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TALLAHASSEE FLORIES

J. Shivers JAN 2 1 2013

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SURIFCT

## AIM INDUSTRIES 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:

#### **AMY ABDNOUR**

Name of Person

## AIM INDUSTRIES LLC

Firm/Company

P.O. BOX 172261

Address

TAMPA, FL 33602

City/State and Zip Code

STIKLS@YAHOO.COM

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

For further information concerning this matter, please call:

### **AMY ABDNOUR**

at (813) 679-3845

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/COURIER ADDRESS:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIM INDUSTRIES LLC					
(Name of the Limited	d Liability Compa A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)		
The Articles of Organization for this Limited L  Florida document number	Liability Company	were filed on	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	sility company here:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the des	ignation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		304 SOUTH PLANT AVENUE €			
		TAMPA, FL 33606			
Enter new mailing address, if applicable:		P.O. BOX 172261			
(Mailing address MAY BE A POST OFFICE	BOX)	TAMPA, FL 33602	90 3 00 77 7		
B. If amending the registered agent and registered agent and/or the new registered of	•		s, enter the name of the ne		
Name of New Registered Agent:	L.T.S.C., LI	LC			
New Registered Office Address:	28 WEST F	PARK AVENUE			
New Magistered Office Audicage	LAKE WAL	FS	street address 33853		
		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	AMY LYNN ABDNOUR	8307 QUARTER HORSE DRIV	EAdd
		RIVERVIEW, FL 33578	Remove
MGR	BROWN FERGUSON MCMULLEN TRUST	304 S PLANT AVE	🖌 Add
		TAMPA, FL 33606	Remove
			Add
			Remove
		(C)	Add
		10 00 00 00 00 00 00 00 00 00 00 00 00 0	Remove
			Add
			Remove
			Add
			Remove

. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Navaber : 3013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUN 15 MR ID: 53