

L13000088232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

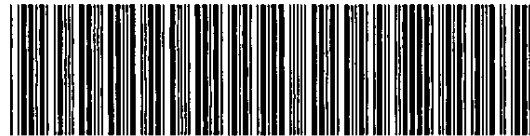
Certified Copies _____ Certificates of Status _____

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AUG 27 2013

A. LUNT

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FILED
2013 AUG 23 AM 11:56
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA ADVANTAGE INSURANCE, 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:

UVO OLOGBORIDE

Name of Person

AAA ADVANTAGE INSURANCE

Firm/Company

5100 ~~W~~ W. Commercial Blvd #15

Address

TAMARAC, FL 33319

City/State and Zip Code

Uvoologboride@yahoo.com

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

For further information concerning this matter, please call:

Uvo Ologboride

Name of Person

at (954) 336-8408

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

FILED
2013 MAY 23 AM 11:56
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AAA Advantage Insurance, LLC

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

The Articles of Organization for this Limited Liability Company were filed on June 19, 2013 and assigned
Florida document number L 13000088232

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5100 W. Commercial Blvd #15,
Tamora, FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

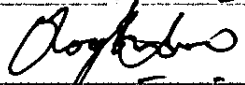
Title	Name	Address	Type of Action
MGRM	Uwo Ologbode	4216 Inverrary Blvd 93A Landerhill, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Olusatoyin Adigun	4711 SW 152 Terr. Miramar, FL 33027	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CEO	Uwo Ologbode	4216 Inverrary Blvd 93A Landerhill, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
COO	Olusatoyin Adigun	4216 Inverrary Blvd 93A Landerhill, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

change effective date to August
30th, 2013

Dated

August 19 2013


Signature of a member or authorized representative of a member

W. Ologboride
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2013 AUG 23 AM 11:55
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