

L130000131206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

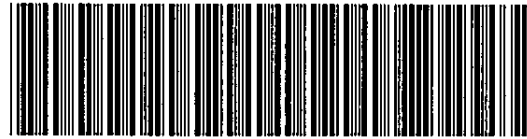
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13 DEC 26 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN - 2 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AE ENTERPRISE, 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:

MAHESH GANDHI ALLAM

Name of Person

AE ENTERPRISE LLC

Firm/Company

1110 DRUID CIRCLE

Address

LAKE WALES, FL 33853

City/State and Zip Code

MANDA.ASHOK@YAHOO.COM

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

For further information concerning this matter, please call:

MAHESH GANDHI ALLAM at ( 863 ) 207-3056

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**

AE ENTERPRISE, LLC.

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

**FILED**  
13 DEC 26 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/17/2013 and assigned  
Florida document number L13000131206.

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)

1110 DRUID CIRCLE

LAKE WALES

FL 33853

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1110 DRUID CIRCLE

LAKE WALES

FL 33853

**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:

MAHESH GANDHI ALLAM

New Registered Office Address:

1110 DRUID CIRCLE

*Enter Florida street address*

LAKE WALES

, Florida 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MAHESH GANDHI ALLAM	1110 DRUID CIRCLE	<input checked="" type="checkbox"/> Add
		LAKE WALES	<input type="checkbox"/> Remove
		FL 33853	
MGRM	CHIRANJIVI B JANNU	1911 W MLK JR BLVD	<input type="checkbox"/> Add
		TAMPA	<input checked="" type="checkbox"/> Remove
		FL 33607	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.)*

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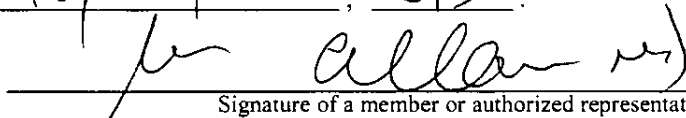
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Dated 12/23/, 2013.



Signature of a member or authorized representative of a member

**MAHESH GANDHI ALLAM**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**