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(Address)	
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COVER LETTER

TO: Registration S Division of Co		*	
AAL HOL	LDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PHIL ALESSI JR		
		Name of Person	
	AAL HOLDINGS LLC		
		Firm/Company	·
	5202 EAGLE TRAIL DR		
		Address	
	TAMPA FL 33634		
<t.< th=""><th>PHIL@ALESSICORP.COM E-mail address: (</th><th>City/State and Zip Code M to be used for future annual report r</th><th></th></t.<>	PHIL@ALESSICORP.COM E-mail address: (City/State and Zip Code M to be used for future annual report r	
For further information	concerning this matter, please ca	all:	
PHIL ALESSI JR		813 348-0128 at ()	
Name	of Person		time 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive	porations g

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAL HOLDINGS, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on $\frac{9}{100}$	/23/2013	and assigned
Florida document number L13000134150			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company b	ere:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)		
	 	n - 0	
Enter new mailing address, if applicable:	<u> </u>		,
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis		n our records, <u>ent</u>	er the name of the
registered agent and/or the new registered office add	<u>lress here</u> :		The second secon
Name of New Registered Agent:			5 SE
New Registered Office Address:			2/
	Enter Flo	orida street address	第 章 的
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		CH 6

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 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>	Address	Type of Action
Tres seey	WILLIAM MALONEY	5202 EAGLE TRAIL DR TAMPA	= Add
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. Effective date,	if other than the d	ate of filing:	· · · · · · · · · · · · · · · · · · ·	4.00	(optional)	10 0€	
Note: If the dat	e inserted in this bloc ective date on the Dep	k does not mee	t the applicab	le statutory filin	ore than 90 days g requirements	, this date will	not be li	isted
	ecifies a delayed ay after the reco		e, but not	an effective t	ime, at 12:	01 a.m. on t	the ear	rlier
	•	55						
Dated SEPTEN	1BER 17, 2015		/71	_·				
		Eld 1	len	zed representative				

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Filing Fee: \$25.00