

LF000151903

(Requestor's Name)

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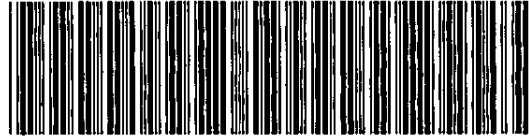
(Business Entity Name)

(Document Number)

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15 SEP 24 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 25 2015

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alliance Association Services 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:

Paul S. Brawner  
Name of Person

Alliance Association Services Group LLC  
Firm/Company

3672 Velda Oaks Circle  
Address

Tallahassee, FL 32309  
City/State and Zip Code

paulsbrawner@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul S. Brawner at (850) 559-1522  
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

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15 SEP 24 PM 5:02  
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TALLAHASSEE, FLORIDA

TO  
ARTICLES OF ORGANIZATION  
OF

Alliance Association Services Group 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 9/4/2015 and assigned Florida document number L15000151903.

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:**

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

**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 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

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	Lolita M. Brawner	3472 Velda Oaks Circle	<input type="checkbox"/> Add
		Tallahassee, FL 32309	<input checked="" type="checkbox"/> Remove
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**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 9/21/15, \_\_\_\_\_.

Paul A. Brawner

Signature of a member or authorized representative of a member

Paul S. Brawner

Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



## Detail by Entity Name

### Florida Limited Liability Company

ALLIANCE ASSOCIATION SERVICES GROUP LLC

### Filing Information

Document Number	L15000151903
FEI/EIN Number	NONE
Date Filed	09/04/2015
Effective Date	09/03/2015
State	FL
Status	ACTIVE

### Principal Address

3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL 32309

### Mailing Address

3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL 32309

### Registered Agent Name & Address

BRAWNER, PAUL S  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL 32309

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

BRAWNER, PAUL S  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL 32309

Title MGR

BRAWNER, LOLITA M  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL 32309

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## Annual Reports

No Annual Reports Filed

## Document Images

09/04/2015 -- Florida Limited Liability

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State of Florida, Department of State

FILED  
15 SEP 24 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000151903  
FILED 8:00 AM  
September 04, 2015  
Sec. Of State  
nhaney

**Article I**

The name of the Limited Liability Company is:  
ALLIANCE ASSOCIATION SERVICES GROUP LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL. 32309

The mailing address of the Limited Liability Company is:  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL. 32309

**Article III**

The name and Florida street address of the registered agent is:  
PAUL S BRAWNER  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL. 32309

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PAUL S. BRAWNER

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TALLAHASSEE, FLORIDA



#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
PAUL S BRAWNER  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL. 32309 US

Title: MGR  
LOLITA M BRAWNER  
3672 VELDA OAKS CIRCLE  
TALLAHASSEE, FL. 32309 US

L15000151903  
FILED 8:00 AM  
September 04, 2015  
Sec. Of State  
nhaney

#### Article V

The effective date for this Limited Liability Company shall be:

09/03/2015

Signature of member or an authorized representative

Electronic Signature: PAUL S. BRAWNER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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