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2016 APR 26 P 2: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 20.1 D. BRUCE

# **COVER LETTER**

TO: Registration Se Division of Cor				
	h Holdings LLC			
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	endence concerning this matter t	to the following:		
	Tamara A Beauchaine			
		Name of Person	<del></del>	
	A & A Tech Holdings LLC			
	<del> </del>	Firm/Company		
	1636 Sand Key Estates Ct			
	<del></del>	Address		
	Clearwater FL 33767			
		City/State and Zip Code	<del></del> ,	
	Tammy@ABInterests.com			
	E-mail address: (to	o be used for future annual report notific	ation) Test 2	
For further information c	oncerning this matter, please ca	11:	2016 APR	
Tamara Beauchaine		608 3450940 at ()	n 26	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:		30 S	
■ \$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:

TO:

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

A & A Tech Holdings 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 3/28/2016and assigned Florida document number L15000179046 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 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

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>	<u>Address</u>	Type of Action
MGR	Travis Gibson	303 Sabal Palm Dr.	■ Add
		Niceville, FL 32578	☐ Remove
•			☐ Change
MGR	Sharon Gibson	303 Sabal Palm Dr.	Add
		Niceville, FL 32578	☐ Remove
			Change
			□ Add
		<del> </del>	□ Remove
			☐ Change
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