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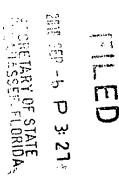
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
J <b>,</b> ,		
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Office Use Only



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08/15/16--01041--014 \*\*25.00



**S Warren** SEP 0 8 2016



August 17, 2016

ANDREW COHEN 6908 SW 93RD AVE GAINESVILLE, FL 32608

SUBJECT: AIM INVESTMENT PROPERTIES LLC

Ref. Number: L16000044331

We have received your document for AIM INVESTMENT PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 716A00017425

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

8/12/16

AIM Investment Properties LLC 6908 SW 93<sup>rd</sup> Ave Gainesville, FL 32608

L16000044331

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is paperwork and a \$25 filing fee to add an authorized member (Scott Stone) to AIM Investment Properties LLC.

Please let me know if any additional information is needed.

Thank you

Sincerely,

Andrew Cohen

**MGR AIM Investment Properties LLC** 

a\_cohen@bellsouth.net

(352) 317-2876

## **COVER LETTER**

Al SUBJECT:	IM INVEST	MENT PROPERTIES LLC		
SUBJECT		Name of Limit	ed Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are subm	uitted for filing.	
Please return ali	correspond	lence concerning this matter to	the following:	
		Andrew Cohen		
			Name of Person	<del>, ,</del>
		AIM INVESTMENT PROP	ERTIES LLC	
Firm/Company				
		6908 SW 93RD AVE		
			Address	
		GAINESVILLE, FL 32608		
			City/State and Zip Code	
		a_cohen@bellsouth.net		
		E-mail address: (to	be used for future annual report no	tification)
For further infor	mation con	cerning this matter, please cal	1:	
Andrew Cohen			352 317-2876	
	Name of P	erson	Area Code Dayti	me Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	g 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

> 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

(Name of the Limited Liabil	lity Company as it now appears on or	ır records.)
(A Florid	lity Company as it now appears on or da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 3/2/16	and assigned
Florida document number L16000044331		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	State of the State	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	(RESS)	The same of the sa
		75 J.
		D P D
Enter new mailing address, if applicable:		유로 뽀
(Mailing address MAY BE A POST OFFICE BOX)		27 E
B. If amending the registered agent and/or regi		records, enter the name of th
registered agent and/or the new registered office ad-	areas nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	pet 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SCOTT STONE	50 W 77th ST #3B	Add
		New York, NY 10024	Remove
			Change
			Remove
			Change
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Filing Fee: \$25.00