117000178533

(Requestor's Name)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

		MARY, LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of i	Amendment and fee(s) are subn	nitted for filing.	
Please return	n all correspon	ndence concerning this matter t	o the following:	
		Fabrizio Spinelli		
		AEA GP, LLC	Name of Person	
		213 S. Dillard St - Suite 22	Firm/Company 0b=B	
		Winter Garden, FL 34787	Address	
		finance@aexplorers.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	all:	
Fabrizio Sp			407 922-5337 at ()	: Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	ne 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

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

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company L17000178533 Lorida document number	were filed on and assign	ned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		38
Enter new mailing address, if applicable:	ΕΡ 17	
Mailing address MAY BE A POST OFFICE BOX)	A TK	요구 (<u>유년</u> 참조
	<u> </u>	<u> </u>
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		<u>r tne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	

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.

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

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>	Name AEA Winter Springs, LLC	Address 780 E State Road 434	Type of Action
MGR		W	Add
		Winter Springs, FL 32708	☐ Remove
			Change
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			☐ Remove
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factive data if other than the	late of filing:	(optional)	
in effective date is listed, the date must	be specific and cannot be prior to date of	f filing or more than 90 days after filing.) F	ursuant to 605.0
ote: If the date inserted in this blo	ck does not meet the applicable stati	utory filing requirements, this date w	ill not be listed
ocument's effective date on the De	partment of State's records.		
record specifies a delayed	effective date, but not an ef	fective time, at 12:01 a.m. or	n the earlier
The 90th day after the reco	rd is filed.		
C	2018		
September 7 ated			
		2	
	Signature of a member of authorized rep	presentative of a member	

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Filing Fee: \$25.00