

L25000017359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

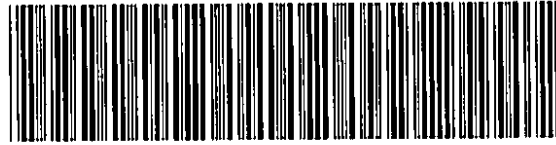
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/25--01010-015 **25.00

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2025 FEB -3 AM 9:40

TALLAHASSEE, FLORIDA

FILED

2025 JAN 24 PM 5:05

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

A&E ON POINT SERVICES, LLC

SUBJECT: _____
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:

SHIRAN STILL

Name of Person

A&E ON POINT SERVICES, LLC

Firm/Company

843 NW 91ST TERR

Address

PLANTATION FL 33324

City/State and Zip Code

SHIRANSTILL20@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRAN STILL

954

8894017

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TALLAHASSEE
FEB-3 PM 4:58
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2025

MK NOTARY SERVICES, LLC

SUBJECT: A&E ON POINT SERVICES, LLC
Ref. Number: L25000017359

We have received your document for A&E ON POINT SERVICES, 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 Name of the LLC must be listed how it appears on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 325A00001575

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A&E ON POINT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

FILED
2025 FEB -3 AM 9:40

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 9, 2025 and assigned
Florida document number L2500 0017359

This amendment is submitted to amend the following:

A.If amending name, enter the new name of the limited liability company here:

A&E ON POINT SERVICES, LLC

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

City

, Florida

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, 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>	<u>Type of Action</u>
MGR	SHIRAN STILL	843 NW 91ST TERR	<input checked="" type="checkbox"/> Add
		PLANTATION FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHIRAN STILL	843 NW 91ST TERR	<input checked="" type="checkbox"/> Add
		PLANTATION FL 3324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee