498000001334

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: AAA INT	ERNET LLC				
SUBJECT.	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DIANNE SIMA				
•	Name of Person				
	AAA INTERNET LLO	0			
Firm/Company					
	7101 PRESIDENTS	DRIVE, SUITE 100			
		Address	····		
ORLANDO, FL. 32809					
City/State and Zip Code DIANNE.SIMA@HOTELPLUSPORTAL.COM					
		to be used for future annual report notifica	tion)		
For further information c	oncerning this matter, please ca	all:			
DIANNE SIMA		407 641-0640			
Name of Person at () Name of Person Area Code Daytime Telephone Num		elephone 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 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

AAA INTERNET LLC			
(Name of the Limite	d Liability Company as it now ap A Florida Limited Liability Compar	pears on our records.) ny)	
The Articles of Organization for this Limited Li	ability Company were filed on	08/04/1998 and assigned	
lorida document number L98000001334			
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	<u>y here</u> :	
he new name must be distinguishable and end with the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	Aca =	
Principal office address MUST BE A STREE	T ADDRESS)		
		HAN C	
		SSN 4	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	E A POST OFFICE BOX)		
		IIDA BA	
3. If amending the registered agent and/orthe new registered of		on our records, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	7101 PRESIDENTS DI	RIVE, SUITE 100	
	Enter	Florida street address	
	ORLANDO	, Florida 32809	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action _□ Add _□ Remove ☐ Add ☐ Remove 7 _□ Add _□ Remove _□ Add _□ Remove _□ Add □ Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
	CHANGE OF AUTHORIZED PERSON(S) MAILING ADDRESS:					
	SIMA, GERHARD : 7101 PRESIDENTS DR, SUITE 100, ORLANDO FL 32809					
	SIMA, DIANNE: 7101 PRESIDENTS DRIVE, SUITE 100, ORLANDO FL 32809					
	SIMA, SHAUN: 7101 PRESIDENTS DRIVE, SUITE 100, ORLANDO FL 32809					
(The et	ctive date, if other than the date of filing: [IMMEDIATE (optional)] ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)					
Date:	12/2/2014					
	Signature of a member or authorized representative of a member					
	DIANNE SIMA					
	Typed or printed name of signee SECRETARY OF STATE TALEAHASSEE, FLORIDA					

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Filing Fee: \$25.00