

L19000 016 049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

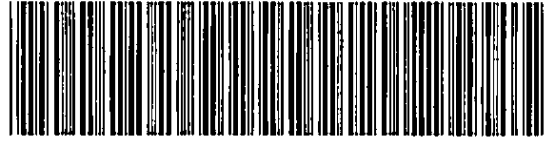
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 DEC -9 AM 9:43  
FILING OFFICE

JAN 14 2020  
C Kinsey



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AOV SERVICES 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 01/14/2019 and assigned Florida document number L19000016049

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2243 VILLA VERANO WAY APT 104

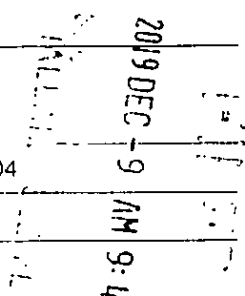
KISSIMMEE, FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2243 VILLA VERANO WAY APT 104

KISSIMMEE, FL 34744



**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*

\_\_\_\_\_, 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**



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for entering amendments.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 06, 2019

Signature of a member or authorized representative of a member

ANGEL OCANDO

Handwritten signature of Angel Ocando

Typed or printed name of signer

Florida Department of Highway Safety & Motor Vehicles  
Division of Motorist Services

TEMPORARY DRIVING PERMIT

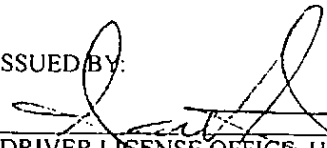
DL #: 0253421972280 License Type: E  
Name: JOSEANGEL , ANDRES. OCANDO CESPEDES  
DOB: 06/28/1997 Sex: M  
Mailing Addr: 2243 VILLA VERANO WAY APT 104  
City: KISSIMMEE FL 34744 - 5967  
Residential Addr: 2243 VILLA VERANO WAY APT 104  
City: KISSIMMEE FL 34744 -  
Height: 5-6  
Issued: 11/22/2019 Expires: 01/21/2020 Period: 60  
Motorcycle:  
Restrictions:  
Endorsements:  
Remarks:

BRUCE VICKERS, TAX COLLECTOR

BY THE AUTHORITY OF:

ROBERT R. KYNOCH, DIRECTOR  
DIVISION OF MOTORIST SERVICES

ISSUED BY:

  
DRIVER LICENSE OFFICE-H70 /5057  
2501 E Irlo Bronson Memorial H  
Kissimmee, FL 34742- 2105

Joseangel O  
(Driver's Signature)

Please allow 60 days for processing and delivery of your driver license. You may visit [www.flhsmv.gov](http://www.flhsmv.gov) and select Driver License Check from 'HANDLE IT ONLINE' to see if your driver license has been printed and mailed.

PHOTOCOPIES ARE NOT VALID. MUST HAVE ORIGINAL SIGNATURES  
NOT FOR IDENTIFICATION PURPOSES

<http://www.flhsmv.gov>

Angel502@Hotmail.Com.

Joseangel Andres = 7542329482.