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(Re	equestor's Name)	
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SECRETARY OF STAT

COVER LETTER

TO: Registration Se Division of Cor			
	RVICES LEC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	OSCAR CORIA		
		Name of Person	
	AOC SERVICES LL	С	
		Firm/Company	
	1991 MONKS CT		
		Address	
	WEST PALM BEAC	H, FL 33415	
9957 40 TO 100 TO 1	- INFO@JSHFAMILY(
, v.	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
OSCAR CORIA		561 379-5528	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

AOC SERVICES LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L14000183144</u>	pany were filed on 12/01/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
OAC SERVICES LLC		
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		Tithe name of the nev
Name of New Registered Agent:		ST L
New Registered Office Address:	Enter Florida street address	TO -
	. Florida	9: 5 5
	, Florida _	Oli Zin 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:

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	OSCAR CORIA	1991 MONKS CT	Add
		WEST PALM BEACH, FL 33415	Remove
MGRM	OSCAR CORIA	1991 MONKS CT	Add `
		WEST PALM BEACH, FL 33415	Remove
			☐ Remove
			Add A SE C Remove
			TARY OF DAdd
			☐ Remove

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TITLE OSCAR CORI	IA AS MGRM
fective date, if other than th	e date of filing: (optional
effective date must be enecific our	anot be prior to date of receipt or filed date and connot be more than 00 days after
effective date must be specific, car	nnot be prior to date of receipt or filed date and cannot be more than 90 days after
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE FLORIO/