

Lin 000 183144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

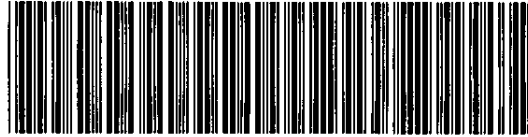
☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AOC SERVICES LLC

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:

OSCAR CORIA

Name of Person

AOC SERVICES LLC

Firm/Company

1991 MONKS CT

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

INFO@JSHFAMILYGROUP.COM

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

For further information concerning this matter, please call:

OSCAR CORIA

561 379-5528

Name of Person

at ( )

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**AOC SERVICES LLC**

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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>	<u>Type of Action</u>
MGR	OSCAR CORIA	1991 MONKS CT	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Remove
MGRM	OSCAR CORIA	1991 MONKS CT	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*


PLEASE CHANGE NAME TO OAC SERVICES LLC

TITLE OSCAR CORIA AS MGRM

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12/01/2014



Signature of a member or authorized representative of a member

OSCAR CORIA

Oscar A. Coria

Typed or printed name of signee

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Filing Fee: \$25.00

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