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OCT 2 7 2018 S. YOUNG



COVER LETTER

TO: Registration : Division of C		4	
AOC EX	PRESS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LAWRENCE BARKMEY	'ER	
		Name of Person	
	AOC EXPRESS LLC		
		Firm/Company	
	6531 N W 87TH AVENU	E	
		Address	
•	DORAL, FLORIDA 3317	8	
	LARRY@SHIPTROPICAI	City/State and Zip Code COM	18 SEC TALL
	E-mail address: (to be used for future annual report notif	
For further information	concerning this matter, please ca	all:	ARY ARY T II
AIMEE LOBATO RA	MOS	. 786 502 8787	TILED CT 17 PM LANY OF SY ASSEE, FL
Name	e of Person		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)
MAI	LING ADDRESS.	STDEFT/COUDI	ED ADDDESS.

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 EXPRESS LLC		
(Name of the Lim	ted Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I	iability Company were filed on $\frac{3-10-1}{2}$	2015 and assigned
Florida document number L15000056648	 	
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company here	:
√/A		
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	TALL
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u></u> ξ : ω
3. If amending the registered agent and egistered agent and/or the new registered o		ur records, enter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	Zîp 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>	Address	Type of Action
AMBR	LUKE BARKMEYER	6531 NW 87TH AVE, DORAL, FL 33178	
			■ Remove
			Change
AMBR	LIANNE BARKMEYER	6531 NW 87TH AVE, DORAL, FL 33178	□ Add
			■ Remove
AMBR	HEIDI BARKMEYER	6531 NW 87TH AVE. DORAL. FL 33178	Change FILE
			PH PROPOSE 32
			DA 32 □ Change
MGR	AIMEE LOBATO RAMOS	6531 NW 87TH AVE, DORAL, FL 33178	
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

THE AUTHORIZED MEMB	ER OF THE CO	OMPANY, IN	MANAGING	THE COMPAN	EY.		
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fective date, if other than the	data of Elina.	10/15/2018			(antianal)		
in effective date is listed, the date mus	be specific and ca	annot be prior to		more than 90 day			
ote: If the date inserted in this blueument's effective date on the D			ble statutory fi	ing requirement	s, this date w	ill not be	e listec
	•						
record specifies a delayed	effective da	te, but not	an effective	time, at 12	:01 a.m. o	n the ϵ	arlie
The 90th day after the rec	ord is filed.						
, OCTOBER 15		2018					
nted	, 		- ·				
\sim 1	2/11						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00