

415000056648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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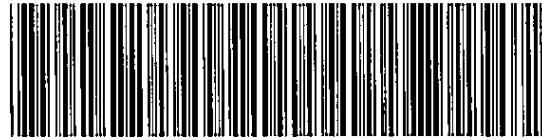
(Business Entity Name)

(Document Number)

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S. YOUNG

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TALLAHASSEE, FLORIDA
PM 3:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AOC EXPRESS 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:

LAWRENCE BARKMEYER

Name of Person

AOC EXPRESS LLC

Firm/Company

6531 N W 87TH AVENUE

Address

DORAL, FLORIDA 33178

City/State and Zip Code

LARRY@SHIPTROPICAL.COM

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

For further information concerning this matter, please call:

AIEMEE LOBATO RAMOS

at (786) 502 8787

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|--------------------------------------|--|
| AMBR | LUKE BARKMEYER | 6531 NW 87TH AVE, DORAL, FL 33178 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LIANNE BARKMEYER | 6531 NW 87TH AVE, DORAL, FL 33178 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | HEIDI BARKMEYER | 6531 NW 87TH AVE, DORAL, FL 33178 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | AIMEE LOBATO RAMOS | 6531 NW 87TH AVE, DORAL, FL 33178 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

AIMEE LOBATO RAMOS IS BEING ADDED TO COORDINATE WITH LAWRENCE BARKMEYER.

THE AUTHORIZED MEMBER OF THE COMPANY, IN MANAGING THE COMPANY.

18 OCT 17 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

10/15/2018

E. Effective date, if other than the date of filing: _____ **(optional)**

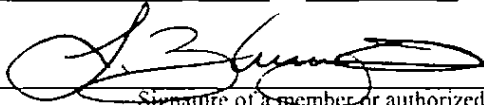
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 OCTOBER 15, 2018



Signature of a member or authorized representative of a member

LAWRENCE BARKMEYER, AMBR

Typed or printed name of signee