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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

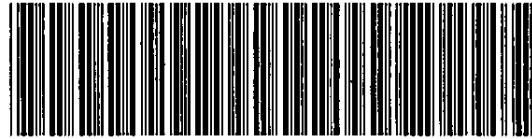
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16 OCT 17 AM 10:01  
DIVISION OF CORPORATIONS

O SIMMONS

OCT 18 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2016

ALEX OAK  
1203 LAKE POINT DR  
LAKELAND, FL 33813

SUBJECT: OAK RIDGE LAND SOLUTIONS, LLC  
Ref. Number: L15000196482

RECEIVED  
2017 OCT 17 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for OAK RIDGE LAND SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 216A00021175

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Oak Ridge Land Solutions, 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:

Alex Oak  
Name of Person

Firm/Company

1203 Casa Point Dr  
Address

Lakeland, FL 33813  
City/State and Zip Code

aoak428@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Oak at ( 863 ) 944 - 7737  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Oak Ridge Land Solutions, 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 11/20/2015 and assigned Florida document number L15000196482.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~AEO Enterprises, LLC~~ AEO Enterprises, LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1203 Lake Point Dr  
(Principal office address MUST BE A STREET ADDRESS) Lakeland, FL 33813

Enter new mailing address, if applicable: 1203 Lake Point Dr  
(Mailing address MAY BE A POST OFFICE BOX) Lakeland, FL 33813

**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

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**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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DIVISION OF CORPORATIONS

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DIVISION OF CORRECTIONS

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DIVISION OF CORRECTIONS

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(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)

(b) The 90th day after the record is filed.

Dated 9/25/16, \_\_\_\_\_

10/13/16

*W. R.*

Signature of a member or authorized representative of a member

Alex Oar

Typed or printed name of signee

*W. H. C. C.*

Alex Oak