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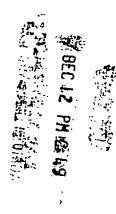
(Requestor's Name)
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COVER LETTER

TO: Registration Division of	on Section Corporations		·
SUBJECT:A	OC Holdings LLC	Liability Company	
The enclosed Article	es of Amendment and fee(s) are submit	ted for filing.	
Please return all corr	respondence concerning this matter to t	he following:	
	Access Aus	nce Dug	gan
	Access Aus	wering Ser Firm/Company	vice LLC
	1716 Fruitvil	Le Road Address	
	Sarasota, info@access E-mail address: (10 b	FL 34236 City/State and Zip Code Canswerings e used for future annualte	Service comport notification)
For further informati	ion concerning this matter, please call:		
Lanc	e Duggan ame of Person Jo	at (941)	724-3300 Daytime Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 Holdings	110	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 16000205563</u> .	ny were filed on Novem	ber 8, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia AAS Holdings LLC The new name must be distinguishable and contain the words "Limited Lia		on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
		<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Muning understand the ATT OST OF FICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	City	Florida Ziv Code
	× 16)	rip Cine

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** 1716 Fruitville Road DAdd Lance Duggan - 40% PD Change ownership to 40% Sarasota, FL 34236 Remove 🙎 Change 1716 Fruitville Road - Add STD Lisa Duggan - 40% Change ownership to 40% Sarasota, FL 34236 **⋘**Change Lance P. Duggar - 20% 1716 Fruitville Road MGR 20% ownership Sarasota, FL 34236 □ Remove ☐ Change _□ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove

_□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 8th 2012.
	Signature of Smember authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00