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COVER LETTER

TO:	Registration Se Division of Cor					
(21.1 8) 14		SULTING LLC				
SUBJI	kCI:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		RICHARD RAGO				
			Name of Person			
		AOC CONSULTING				
		 	Firm/Company			
	2432 SW WAIKIKI STREET					
		PORT ST LUCIE, FLORI	Address DIA, 34953			
		-	City/State and Zip Code			
		MACFSBS@GMAIL.COM	1		_ *	
		E-mail address: (to be used for luture annual report notifi	cation)	2019	37C 34E
For fur	ther information c	oncerning this matter, please ca	atl:		JAN 30	ا ا صدیت
RICH	ARD RAGO		772 3619971 at ()	7. (A) (2)		
Enclos		of Person the following amount:		Telephone Number	PH 3-15	ا ا سمب دراه
		_				
S 2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AOC COSULTING 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 $\frac{01/08/2019}{1}$ and assigned Florida document number L19000009955 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RICHARD RAGO	2432 SW WAIKIKI STREET, PORT ST LUCIE, FL 34953	
			□ Remove
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			Add
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Effective date, if other than (If an effective date is fisted, the date Note: If the date inserted in thi document's effective date on the	the date of filing: must be specific and cannot s block does not meet the	e applicable statutory f	or more than 90 days after iling requirements, this	filing.) Pursuant to 605.0207 (3)(b
the record specifies a dela) The 90th day after the	yed effective date, l record is filed.	but not an effectiv	e time, at 12:01 a	.m. on the earlier of:
Dated JANUARY 28	201)	P		
	1	 ·		
	_ Iw	or authorized representa		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00