

L19000 016 049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2019 DEC -9 AM 9:43

FILED

JAN 14 2020
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AOV SERVICES LLC

Name of Limited Liability Company

The enclosed Article(s) of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OCANDO, ANGEL

Name of Person

AOV SERVICES LLC

Firm/Company

2243 VILLA VERANO WAY APT 104

Address

KISSIMMEE, FL 34744

City/State and Zip Code

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

For further information concerning this matter, please call:

ANGEL OCANDO

Name of Person

786 7247204
at ()

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AOV SERVICES 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 01/14/2019 and assigned
Florida document number L19000016049

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 "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2243 VILLA VERANO WAY APT 104

KISSIMMEE, FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2243 VILLA VERANO WAY APT 104

KISSIMMEE, FL 34744

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

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

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

ANGEL OCANDO

Typed or printed name of signee

Filing Fee: \$25.00

Florida Department of Highway Safety & Motor Vehicles
Division of Motorist Services

TEMPORARY DRIVING PERMIT

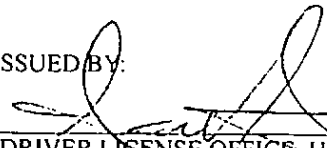
DL #: 0253421972280 License Type: E
Name: JOSEANGEL, ANDRES, OCANDO CESPEDES
DOB: 06/28/1997 Sex: M
Mailing Addr: 2243 VILLA VERANO WAY APT 104
City: KISSIMMEE FL 34744 - 5967
Residential Addr: 2243 VILLA VERANO WAY APT 104
City: KISSIMMEE FL 34744 -
Height: 5-6
Issued: 11/22/2019 Expires: 01/21/2020 Period: 60
Motorcycle:
Restrictions:
Endorsements:
Remarks:

BRUCE VICKERS, TAX COLLECTOR

BY THE AUTHORITY OF:

ROBERT R. KYNOCH, DIRECTOR
DIVISION OF MOTORIST SERVICES

ISSUED BY:


DRIVER LICENSE OFFICE - H70 75057
2501 E Irlo Bronson Memorial H
Kissimmee, FL 34742- 2105

Joseangel O.
(Driver's Signature)

Please allow 60 days for processing and delivery of your driver license. You may visit www.flhsmv.gov and select Driver License Check from 'HANDLE IT ONLINE' to see if your driver license has been printed and mailed.

PHOTOCOPIES ARE NOT VALID. MUST HAVE ORIGINAL SIGNATURES
NOT FOR IDENTIFICATION PURPOSES

<http://www.flhsmv.gov>

Angel502@Hotmail.Com.

Joseangel Andres = 7542329482.