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## **COVER LETTER**

· ·	on of Cor	porations		
	OES, LLO			
SUBJECT: _		Name of Lim	ited Liability Company	<del></del>
The enclosed A	micles of.	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		ROBERT ANDREVICH		
	Name of Person			
		AOES, LLC		
		<del></del>	Firm/Company	
		13507 GULF BLVD		
			Address	
		MADEIRA BEACH, FL 3	33708	
			City/State and Zip Code	
		rob@kaworldwide.com		
			to be used for future annual report n	otification)
For further into	rmation c	oncerning this matter, please c		
ROBERT ANI	Name of Person   T27   4656065   Area Code   Daytime Telephone Number			
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fili	ng Fec	☐ \$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)
	ng Addres stration S		Street Address: Registration S	
Divis	sion of C	orporations	Division of C	orporations
	Box 632 hassee. I	.7 FL 32314	The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AOES, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our re ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa Florida document number L19000304232	any were filed on 12/13/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	2020 SEC
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	"LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2 7
		3 34 FILE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	<del>_</del>	
New Registered Office Address:		·
	Enter Florida street a	ddress
		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

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>	Address	Type of Action
AMBR	PEARMAN, BRADLEY	212 TEAGUE LANE	□Add
		CUMBERLAND GAP, TN 37724	□Remove
AMBR	ANDREVICH, ROBERT	13507 GULF BLVD	□Add
		MADEIRA BEACH, FL 33708	□Remove
			<b>■</b> Change
AMBR	ALPHA OMEGA ENERGY SOLI	212 TEAGUE LANE	<u>्</u> र्य⊒A <b>ल्स्ट</b>
		CUMBERLAND GAP, TN	Remove
			Change III
			<u> </u>
			□Remove
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Effective	e date, if other the	late must be specific	and cannot be price	or to date of filing	or more than 90		ing.) Pursuant	
	f the date inserted in nt's effective date or	this block does no the Department o	ot meet the appli of State's record	cable statutory s.	filing requirem	ents, this d	ate will not b	e listed as
Note: If		•						
Note: If			not an effective	time, at 12:01 a	ı.m. on the earl	ier of: (b)	The 90th da	y after the
Note: If document of record :	specifies a delayed o	effective date, but						
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Filing Fee: \$25.00