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TALLAHASSEE, FL

O SIMMONS

FEB 12 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AOES, 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:

ROBERT ANDREVICH

Name of Person

AOES, LLC

Firm/Company

13507 GULF BLVD

Address

MADEIRA BEACH, FL 33708

City/State and Zip Code

rob@kaworldwide.com

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

For further information concerning this matter, please call:

ROBERT ANDREVICH

727

4656065

at (_____) _____

Name of Person

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

AOES, LLC

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>
AMBR	PEARMAN, BRADLEY	212 TEAGUE LANE	<input type="checkbox"/> Add
		CUMBERLAND GAP, TN 37724	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDREVICH, ROBERT	13507 GULF BLVD	<input type="checkbox"/> Add
		MADEIRA BEACH, FL 33708	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ALPHA OMEGA ENERGY SOLI	212 TEAGUE LANE	<input type="checkbox"/> Add
		CUMBERLAND GAP, TN	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE

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TALLAHASSEE FL

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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)

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.

Dated _____, _____.

Signature of a member or authorized representative of a member

ROBERT ANDREVICH

Typed or printed name of signee

Filing Fee: \$25.00