121000412507

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

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A. BUTLER

OCT 29 2021

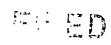
COVER LETTER

TO: Registration Section

Division of Cor	porations		
A.O.E VE	NTURES LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AMEN ALAYYAN		
	<u> </u>	Name of Person	
	A.O.E. VENTURES LLC	•	
		Firn/Company	-
	1010 SEAWAY DRIVE		
		Address	
	FORT PIERCE, FL 34949)	
		City/State and Zip Code	
	AMENALAY YAN@GM/	to be used for future annual report no	(dication)
For further information c	oncerning this matter, please c		
AMEN ALAYYAN	oncerning and matter, prease c	407 952-2927	
ANIEN ALAT IAN			
Name o	ť Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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 Addres	SS:	Street Address:	
Registration !		Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632	-	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

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



A.O.E. VENTURES LLC

2021 OCT 20 PH 12: 1/1

(Name of the Limited Liability Compan (A Florida Limited L.)	is as it now appears on o	our records.)	2.12
		1 1 1	OF STATE SELFL
The Articles of Organization for this Limited Liability Company v L21000412507	were filed onSEPT 1	7. 2021	and assigned
lorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	stion "LLC" 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:		<u> </u>	·
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered office adgent and/or the new registered office address here: 	ddress on our record	ds, <u>enter the na</u>	ime of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	 -
	City	Florida	Zıp Code
	•		•

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. Thereby 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>	<u>Address</u>	Type of Action
MGR	LEE D DKEIDEK	1010 SEAWAY DRIVE, FORT PIERCE, FL 34949	≣ Add
			□Remove
			□Add
			□Remove
			□Change
		🗆 Add	
	-	□Remove	
			DChange
			DAdd
			□Remove
		□Change	
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			□Add
			□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date motore: If the date inserted in this becament's effective date on the 1	plock does not meet the ap	plicable statutory fili		
record specifies a delayed effecti is filed.	ve date, but not an effectiv	ve time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
OCTOBER 14	2021			
ated		·		
_ Ne	V Keally			
- Ne	Signature of a member or a	authorized representation	ve of a member	

Filing Fee: \$25.00