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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
A.O.E VE	ENTURES LLC		
SUBJECT:	N 61'		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
r lease return an correspo	sidence concerning this matter	to the following.	
	AMEN ALAYYAN		
		Name of Person	
	A.O.E. VENTURES LLC		
	,,	Firm/Company	
	1010 SEAWAY DRIVE		
		Address	
	FORT PIERCE, FL 34949	•	
	AMENALAYYAN@GMA	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
AMEN ALAYYAN		407 952-2927	
Nama	of Person	at () Daytin	re Talenhane Number
Name	r etson	Area Code Dayim	ie retephone 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		Street Address:	
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of 3	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.O.E. VENTURES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000412507	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	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)		2821 NOV -5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ne name of the new registero
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ída
	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
MGR	Bobbie Jo Reese	1010 SEAWAY DRIVE, FORT PIERCE, FL 3494	9
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Effective date, if other than the dif an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and k does not r	d cannot be price the application.	cable statuto	ng or more than ry filing requi	(option 90 days after fil rements, this d	ing.) Pursuant to	o 605.0201 : listed as
e record specifies a delayed effective of is filed.	iate, but not	t an effective	time, at 12:0	l a.m. on the o	earlier of: (b)	The 90th day	after the
November 1 Dated			 ·				
Amen Alayyar	<u> </u>						_

Filing Fee: \$25.00