

L21000412507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

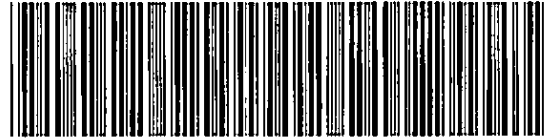
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amendment

Office Use Only



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11/05/21 --01011--027 *\$25.00

11/12/21

T.A.S.

2021 NOV -5 4:10:03
SECURITY
MILWAUKEE FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

A.O.E VENTURES LLC

SUBJECT: _____
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:

AMEN ALAYYAN

Name of Person

A.O.E. VENTURES LLC

Firm/Company

1010 SEAWAY DRIVE

Address

FORT PIERCE, FL 34949

City/State and Zip Code

AMENALAYYAN@GMAIL.COM

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

For further information concerning this matter, please call:

AMEN ALAYYAN

407 952-2927

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

If Changing Registered Agent, Signature of New Registered Agent

If attending 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>
MGR	Bobbie Jo Reese	1010 SEAWAY DRIVE, FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2022 NOV - 5 PM 15:00
CALAMISTE, ORC
CALAMISTE, ORC

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF THE
TALLAHASSEE

2021 NOV -5 AM10:03
SECURITY UNIT
FALL A14558E 100000

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

November 1

2021

Dated _____, _____

Amer Alayyan Sign

Signature of a member or authorized representative of a member

AMEN ALAY YAN

Typed or printed name of signee

Filing Fee: \$25.00