LI4000010975

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor						
JORO	3 AYUB, LLC.					
SUBJECT:		aited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	CRAIG BLA	CK				
		Name of Person				
	JBH ACCO	JNTING & TAX				
		Firm/Company				
	4048 DELT	ONA BLVD.				
		Address				
	SPRING HII	LL, FL 34606		een) Tito e v	2[
	CDI ACKO IDIIA	City/State and Zip Code			2014 FEB	car
	_	CCOUNTINGTAX.COM to be used for future annual report notifi			\sim	Carre
For further information c	oncerning this matter, please c	all:		SET D	δ	isa.ê
ZANE WEE	BBER, CPA	352 684-84	140	1074 41.5 H	P₩ 12:	Barton Li Grape
Name o	f Person		Telephone Number	97	35	
Enclosed is a check for the	ne 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 Filis Certificate Certified ((additional c	e of Status Copy		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JORG AYUB, LLC.		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L14000010975	mpany were filed on 1/21/14	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
JORGE AYUB, LLC.		
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2014
(Principal office address MUST BE A STREET ADDRE		2>2 [7]
Trincipui office unaress MOST BE A STREET ADDRE	2557	26
		ma P II
Enter new mailing address if ambicables		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	· · · · · · · · · · · · · · · · · · ·	ater the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter 1 tortau street aaaress	
	, Florid	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u> [itle</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			
			Remove
		<u></u>	Add
			Add
			☐ Remove
			2014 FEB 2
			EB 26 Physe Remove 35
			47E
			Add
			□ Remove

tive date, if othe	r than the date of filing: _	<u> </u>	(optional)
	specific, cannot be prior to date of iled by the Florida Department of		not be more than 90 days after
Februar	y 20	7014	
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Filing Fee: \$25.00

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