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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072 Phone : (954)356-2905 Fax Number : (954)337-8346

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 53

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AYOLAS, LLC

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Help D SCOTT OCT 12 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (#17000 2679873 OF

AYOLAS LLĆ				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) iability Company)		
·	· F.,		and assigned	
The Articles of Organization for this Limited Lie	bility Company	were med on		
Plorida document numberL17000080340	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	llity company here:		
	1,∿			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica				
Principal office address MUST BE A STREE	r ADDRESS)			
		conduction TO A TO THE		
Enter new mailing address, if applicable:		6906 VANTAGE DR		
Mailing address MAY BE A POST OFFICE BOX)		ALEXANDRIA, VA 22306		
			<u>.</u>	
B. If amending the registered agent and/	or registered o	filce address on our records, ent	er the name of the ne	
registered agent and/or the new registered of	<u>fice address her</u>	<u>re</u> :		
		<u> </u>		
Name of New Registered Agent:	WESTON CO.	RPORATE ADMINISTRATION LLC		
	1200 BRICKE	LL AVE, SUITE 1950	n - 1	
New Registered Office Address:		Enter Florida street address	4- 111	
	міамі		-33326 > J	
	MIAMI	, Florida	Zip Code	
		•	ii dip cont	
New Registered Agent's Signature, if changing I	tegistered Agent	<u>*</u>	~ .	

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

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If amending Authorized Person(s) authorized to manage, enter the title, pame, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
·			□ Add
			□ Rcmove
•			☐ Change
			Add
	·		☐ Remove
			CI Change
			bbA 🗆
			Remove
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			OCHERGE TO CHERGE TO CHERGE TO CHERCE TO CHERC
			271 D Add 111
		: 	Rethove

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□ Change

5	O201 COLLINS AVE UNNY ISLES BEACH, FL 33160
_	UNNY ISLES BEACH, PL 33160
N	
	EW ADDRESS FOR BOTH MANAGERS:
_ N	1GR
I	NSFRAN, HUGO
6	906 VANTAGE DR
	LEXANDRIA, VA 22306
-	// OR
F	ERGUSON, MARTHA S
-	906 VANTAGE DR
7	ALEXANDRIA, VA 22306
m eff	(optional) ective date, if other than the date of filling: cetive 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: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.
red The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. 10/6 2017

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Typed or printed name of signee

CH170002679873

MARTHA 5 FERGUSON