## L22000148206

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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TO:

	Registration Se Division of Cor			
eunuez	AY electric	LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	<del></del>
<b>.</b>	1431 6		16	
		Amendment and fee(s) are sub		
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Aleizar G. Soto Capote		
			Name of Person	
		AY electric LLC		
			Firm/Company	· <del></del>
		11420 SW 41 st Ter		
			Address	<del> </del>
		Miami. FL 33165		
			City/State and Zip Code	<u>.</u>
		aleizargustavo@gmail.com	•	
			to be used for future annual report no	tification)
For furthe	er information co	oncerning this matter, please co	all:	
Aleizar (	G. Soto Capote		786 5684225	
	Name of	Person		ne Telephone Number
Enclosed	is a check for th	e following amount:		
□ <b>\$</b> 25.0	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 Address	<del>-</del>	Street Address:	nation
	Registration S Division of Co		Registration Se Division of Co	
1	P.O. Box 632	7	The Centre of	Tallahassee
•	Tallahassee, F	L 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

AY electric LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number 12200148206	were filed on 03/25/2022	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
YA services & repair LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	11420 sw 41st Ter			
	miami, FL 33165			
	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add	tress		
		Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 60	and I am familiar with and 15, F.S. Or, if this document is		

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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l is filed.	0/2022	Signature of a mem	iber or authorized	representative of	of a member	et.	

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