L21000242181

(Requestor's Name)
	Address)
V	, address,
(/	Address)
	City/State/Zip/Phone #)
`	
PICK-UP	WAIT MAIL
(Business Entity Name)
	D
(1	Document Number)
Certified Copies	Certificates of Status
r	
Special Instructions to	Filing Officer:
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AYT Investments LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
<u> </u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:

	Registration Se Division of Cor				
eun iez		ESTMENTS LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		LUISA ELENA CUADRA	ADO		
			Name of Person		
		DIEGO L. RESTREPO, P	.A.		
			Firm/Company		
		2600 SOUTH DOUGLAS	ROAD, SUITE 913		
		Address			
		CORAL GABLES, FLORIDA 33134			
			City/State and Zip Code		
		LUISA@RESTREPOLAW	COM to be used for future annual report n	atification)	
For furth	ner information o	concerning this matter, please c		otherway	
	ELENA CUAD		305 447-9430		
	Name o	of Person	Area Code Day	time Telephone Number	
Enclosed	d is a check for t	he following amount:			
≣ \$25.	.00 Filing Fee	S30.00 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 Registration	Section	Street Address: Registration S	Section	
	Division of C P.O. Box 632		Division of C The Centre o	-	
	Tallahassee,			roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYT INVESTMENTS LLC

(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our Liability ("ompany)	records.)
The Articles of Organization for this Limited Liab Florida document number L21000242181	oility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
NA			
The new name must be distinguishable and contain the word	ds "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	NA	207
(Principal office address MUST BE A STREET			22 7
			N
Enter new mailing address, if applicable:		NA	M A M
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>		m. 9.
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records	enter the name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
Nogisteled Villes itadess.		Enter Florida stree	t address
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this ch	and complete ered agent as p gistered office	performance of my du provided for in Chapte	ies, and I am familiar with and - 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	MARIA VICTORIA MESA	4110 NE 29 TH AVE	🗀 Add
		FORT LAUDERDALE, FLORIDA 33308	≣Remove
			□Change
MGR	LUIS RESTREPO	4110 NE 29 TH AVE	🗒 Add
		FORT LAUDERDALE, FL 33308	□Remove
			□ Change
			□Add
			ПСетоус
			Change
			□Add
			Remove
			□Change
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`an off Vote:	ve date, if other than the date of filing:
recor I is fil	d 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 ed.
ated	MARCH 18 $\frac{2022}{\sqrt{1940}}$
	Signature of a member or authorized representative of a member
	λ .

Filing Fee: \$25.00