L05000037092

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

AIS LLC

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:

FARROKH MAHZAMANI

Name of Person

Firm/Company

1463 OAKFIELD DR #143

Address

BRANDON, FL 33511

City/State and Zip Code

frank@gurumedia.com

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

For further information concerning this matter, please call:

FARROKH MAHZAMANI

813 597-5409

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

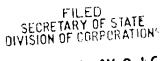
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS ARTICLES OF AMENDMENT



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AIS LLC			
(Name of the Limited	Liability Compa Florida Limited	iny as it now appears on our Liability Company)	records,)
The Articles of Organization for this Limited L Florida document numberL05000037092		were filed on AIS LLC	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ollity company here:	
YEK OLAM LLC			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	40 War	e Blvd x 1038
(Principal office address MUST BE A STREE	ET ADDRESS)	Tampa, F	e Blvd × 1038
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	Tampa, FL,	e Blvd X1038
B. If amending the registered agent and/ registered agent and/or the new registered o			ds, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A	to the state of th	
New Registered Office Address:			
		Enter Floria	a street address
			Florida
		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
N/A	 		Add
			Remove
•			ransa sharahay aa
•	····		Add
			Remove
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			Remove
			<u></u>
	4.0		Add
			Remove

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.†** SECRETARY OF DIVISION OF CORE	I l sheets, if necessary. †() SECRETARY OF STATE DIVISION OF CORPORATIONS		
	2013 FEB - 8 A	1 8: 46		
Dated _	2/5/2013.			
	Signature of a member or authorized representative of a member Fayrekh Mahzaman i Typed or printed name of signee			
	Page 3 of 3			

Filing Fee: \$25.00