

105000110741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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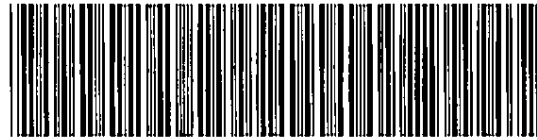
(Business Entity Name)

(Document Number)

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JUN 21 2019
S. YOUNG

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19 JUN 10 PM 6:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AY Commercial, 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:

Esther Nichols, CPA

Name of Person

The Nichols Group, PA

Firm/Company

1635 Eagle Harbor Pkwy, Ste 4

Address

Fleming Island, FL 32003

City/State and Zip Code

enichols@tng.cc

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

For further information concerning this matter, please call:

Esther Nichols, CPA

904

264-1665

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AY Commercial, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/15/2005 and assigned
Florida document number L05000110741.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3168 US Highway 17 South, Ste E

Fleming Island, FL 32003

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Esther D. Nichols, CPA

New Registered Office Address:

1635 Eagle Harbor Pkwy, Ste 4

Enter Florida street address

Fleming Island

Florida 32003

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yonge, Phillip D.	PO Box 918	<input type="checkbox"/> Add
		Orange Park, FL 32067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aramoonie, Anthony E.	3312 Dartmouth Ave	<input checked="" type="checkbox"/> Add
		Dallas, TX 75205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yonge, Thomas C.	634 SW 137th Way	<input checked="" type="checkbox"/> Add
		Newberry, FL 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7 JUNE, 2019

THOMAS C. YONGE

Filing Fee: \$25.00