

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000195409 3)))



H130001954093ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COUCELO CONSULTING INC
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

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

Email Address: mikeusa.alrasheo@gmail.com

RECEIVED
13 SEP -3 AM 6:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AYS SERVICES, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

13 SEP -3 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H13000195409 3

SEP - 4 2013

T. HAMPTON

COVER LETTER

H13000195409 3

TO: Registration Section
Division of Corporations

SUBJECT: AYS SERVICES,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:

ALA G. ALRASHED

Name of Person

AYS SERVICES,LLC

Firm/Company

222 LAKEVIEW AVE #158-160

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

mikeusa.alrasheo@gmail.com

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

For further information concerning this matter, please call:

ALA G. ALRASHED

Name of Person

561 232.0807

at (

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

H13000195409 3

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

H130001954093

AYS SERVICES, 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 07/23/2007

Florida document number L07000075431

FILED
3 SEP -3 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 end with the words "Limited Liability Company," the designation "LLC," the abbreviation "L.L.C.,"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

222 LAKEVIEW AVE #158-160

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

222 LAKEVIEW AVE #158-160

WEST PALM BEACH, FL 33401

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:

ALA G. ALRASHED

New Registered Office Address:

222 LAKEVIEW AVE #158-160

Enter Florida street address

WEST PALM BEACH

Florida 33401

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.

ALA G. ALRASHED
If Changing Registered Agent, Signature of New Registered Agent

H130001054092

H/30001954093

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	Name	Address	Type of Action
MGRM	AHMAD G. ALRASHED	6520 COLUMBIA AVE	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Remove
MGRM	AHMAD G. ALRASHED	6520 COLUMBIA AVE	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Remove
MGRM	ALA G. ALRASHED	222 LAKEVIEW AVE #158-160	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP -3 AM 7:30

FILED

Remove

Add

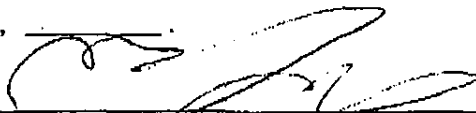
Remove

H/30001954093

11/3000195409 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 9-3-13



Signature of a member or authorized representative of a member

AHMAD G. ALRASHED

AHMAD G. ALRASHED

Typed or printed name of signor

Page 3 of 3

Filing Fee: \$25.00

FILED
13 SEP -3 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/3000195409 3