## 109000027350

| (Red                    | questor's Name)      |        |
|-------------------------|----------------------|--------|
| (Add                    | dress)               |        |
| (Add                    | dress)               |        |
| (City                   | y/State/Zip/Phone #) |        |
| PICK-UP                 | MAIT                 | MAIL   |
| (Bu                     | siness Entity Name)  |        |
| (Do                     | cument Number)       |        |
| Certified Copies        | _ Certificates of    | Status |
| Special Instructions to | Filing Officer:      |        |
|                         |                      |        |
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|                         |                      |        |

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C. GOLDEN JAN 1 4 2020

## **COVER LETTER**

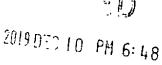
|            | Division of Corp   |  |   |  |
|------------|--------------------|--|---|--|
|            | AINY L.L.C         |  |   |  |
| SUBJEC     | Т:                 | Name of Lim                                  | ited Liability Company  |  |
| The enclo  | osed Articles of A | mendment and fee(s) are sub                  | mitted for filing.  |  |
|            |                    | dence concerning this matter                 | -   |  |
|            |                    | OSCAR GASTAUDO                               |   |  |
|            |                    |  | Name of Person  |  |
|            |                    | AINY L.L.C.                                  |   |  |
|            |                    |  | Firm/Company  |  |
|            |                    | 7950 NW 53 Street, Ste 11                    | 8   |  |
|            |                    | <del></del>                                  | Address   |  |
|            |                    | Miami, FL 33166                              |   |  |
|            |                    |  | City/State and Zip Code   |  |
|            |                    | ogastaudo@gmail.com                          |   |  |
|            |                    |  | to be used for future annual repor                                  | t notification)  |
| For furthe | er information co  | ncerning this matter, please c               | all:  |  |
| OSCAR      | GASTAUDO           |  | 305 507-47-   | 42   |
|            | Name of            | Person                                       | Area Code D   | aytime Telephone Number  |
| Enclosed   | is a check for the | following amount:                            |   |  |
| ■ \$25.0   | 00 Filing Fee      | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| 7          | Mailing Address:   |  | Street Addres   | 55:  |
|            | Registration Se    |  | Registration  | Section  |
|            | Division of Co     | -  |   | Corporations   |
| j          | P.O. Box 6327      |  | The Centre  | of Tallahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| AINY L.L.C   |   |                             |                         |
|--|---|-----------------------------|-------------------------|
| (Name of the Limited (A  | Liability Company as it now appea<br>Florida Limited Liability Company) | rs on our records.)         |                         |
| The Articles of Organization for this Limited Liab   | ility Company were filed on   | 03/19/2009                  | and assigned            |
| Florida document number L09000027350   | ·   |                             |                         |
| This amendment is submitted to amend the follow  | ing:  |                             |                         |
| A. If amending name, enter the new name of the   | ne limited liability company h  | ere:                        |                         |
| The new name must be distinguishable and contain the word                                      | Is "Limited Liability Company," the                                     | designation "LLC" or th     | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicab   | le:   |                             |                         |
| Principal office address MUST BE A STREET.   | ADDRESS)  |                             |                         |
| Enter new mailing address, if applicable:  |   |                             |                         |
| Mailing address MAY BE A POST OFFICE BO  | <u></u>   |                             | <del></del> .           |
|  | <del></del>   |                             |                         |
| B. If amending the registered agent and/or regagent and/or the new registered office address l |   | records, <u>enter the n</u> | ame of the new regis    |
| Name of New Registered Agent:  |   |                             |                         |
| New Registered Office Address:   | Enter Fla   | rida street address         |                         |
|  | (3.1C) 10   |                             |                         |
|  | City  | , Florida                   | 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>              | Type of Action |
|---------------------|-----------------------------|-----------------------------|----------------|
| MGRM                | CAROL S. JAMBRINA           | 7950 NW 53 Street, Stc. 118 | □Add           |
|                     |                             | Miami, FL 33166             | =Remove        |
|                     |                             |                             |                |
| MGRM OSCAR GASTAUDO | 7950 NW 53 Street, Ste. 118 | <b>=</b> Add                |                |
|                     |                             | Miami, FL 33166             | □Remove        |
|                     |                             |                             | □Change        |
|                     |                             |                             | □ Add          |
|                     |                             |                             | □Remove        |
|                     |                             |                             | □Change        |
|                     |                             |                             | □Add           |
|                     |                             |                             | □Remove        |
|                     |                             | <del> </del>                | □Change        |
| <del></del>         |                             |                             | □Add           |
|                     |                             |                             | □Remove        |
|                     |                             |                             | □Change        |
|                     |                             |                             |                |
|                     |                             |                             | □Remove        |
|                     |                             |                             | □Change        |

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|                   |  |
| te: If            | date, if other than the date of filing:                        |
| cord s<br>s filed | /  |
| ed                | 12/05,2018.  |
|                   |  |
|                   |  |
|                   | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00