

(Re	equestor's Name)	
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SECRETARY OF STATE

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# **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT:		NTER LLC ed Liability Company		
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	NEL	SON AYALA	1	
	14	<b>A A</b>		
	N 11	ALA CENTER Firm/Company		
	1270	CALDWELL	AVE.	
	ORANGE	CITY F1.	32763	
	Nayal = 49 @ .	City/State and Zip Code  Yalvo. Com  o be used for future annual report n	otification)	SEC TALL
For further information con	cerning this matter, please ca	·	ŕ	至 1
Nelson Name of P	Ayala	at (386) 83 Area Code Day	7-2169 ime Telephone Number	OV -3 PM
Enclosed is a check for the	following amount:			3: 39 FATE ORIDA
1	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

### **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

AYALP	CENTER LL	-C	
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on <u>l</u>	0/21/2009 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the work  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	ole:	signation "LLC" or the abbreviation "L.L.C."	_
Enter new mailing address, if applicable:		SECRETALLISE	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the	new
Name of New Registered Agent:			_
New Registered Office Address:	Enter Flori	da 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 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
		*** · · · · · · · · · · · · · · · · · ·	Add
			□ Remove
			Change
		**************************************	
		<b>***</b> * * * * * * * * * * * * * * * * *	□ Remove
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AYALA, NELSON. MGRM	30%
AYALA, LUCY MGRM	25%
AYALA MELISA MGRM	25%
AYALA MARYCELI M	IGRM 20%
	A SS G
	ART SEED TO
	(optional)  to date of filing or more than 90 days after filing.) Pursuant to 605. The statutory filing requirements, this date will not be listed.
ecord specifies a delayed effective date, but no ne 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlie
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	) 1

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Filing Fee: \$25.00