*L110000178564

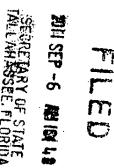
(Requestor's Name)
(Address)
(Address)
,
(Cit. (Ct.) - (7) - (7) - (9)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Columbia doples
Special Instructions to Filing Officer:
·

Office Use Only



900211702709

09/08/11--01042--022 **25.00



T. CLINE

SEP - 7 2011

EXAMINER

COVER LETTER

TO: Registration : Division of C					
SUBJECT:					
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·		
	of Amendment and fee(s) are su	-			
	Alain Armand Name of Person				
AYITI ENTERPRISES LLC Firm/Company					
2233 NW 161st AVE					
	Per	mbroke Pines, FL 33028			
	E-mail address:	to be used for future annual report not	ification)	7 cg 88	
For further information	concerning this matter, please	·		H SEP	<u>'T</u>
Δ	Nain Armand	at (954)	903-7878	ARA Ara	r
Name	of Person		me Telephone Number	SEGRETARY OF STATE ALL AHASSEE, FLORIO	- E
Enclosed is a check for	the following amount:			₩ 	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose		f Status &	

 $_{\bullet}=-_{\bullet}=5\cdot -5$

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

AYITI E (Name of the Limited Liability (A Florida	NTERPRISES, LLC by Company as it now appear: Limited Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	JULY 8, 2011	and as	signed		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability company here	:				
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLC	or the	abbrevia	 ation	
Enter new principal offices address, if applicable:			P 9	' E		
(Principal office address MUST BE A STREET ADD	DECC)		平四	SE		
[Frincipal Office address MOST BE A STREET ADD	<u>RESSJ</u>		2.5	_ =0	no	
			7025 re-<	- 0 ^	— f	
			F-9			
Enter new mailing address, if applicable:		<u> </u>	-			
(Mailing address MAY BE A POST OFFICE BOX)						
			D			
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ur records, <u>enter the</u>	name	of the	<u>new</u>	
Name of New Registered Agent:						
New Registered Office Address:					_	
	Enter Florida street address					
		, Florida			_	
	City	2	Zip Cod	le		

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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action** Name <u>Address</u> MGRM Alain Armand 2233 NW 161st Ave ✓ Add Pembroke Pines, FL 33028 Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 8th 2011 Dated_ Signature of a member or authorized representative of a member ALAIN ARMAND Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00