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T. CEMIEUX

COVER LETTER

Division of Corp	porations		
Ayala Realty SUBJECT:	y Group, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	idence concerning this matter to	o the following:	
	Antonio Ayala, Jr.		
		Name of Person	
	Ayala Realty Group, LLC	_	•
		Firm/Company	
	777 Conestee Drive		
		Address	
	West Melbourne, FL 32904	Į.	
	tony@tonyayała.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notific	ation)
For further information co	ncerning this matter, please cal	1:	
Antonio Ayala, Jr.		321 698-7800 at ()	
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

Ayala Realty Group, LLC	FLED	
(<u>Name of the Limited</u> (<i>F</i>	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	2013 OCT - 4 P 3: 59	
The Articles of Organization for this Limited Lial	bility Company were filed on 01130112013	_ and assigned
Florida document number 1.13000015301	#ALLAHASUEE, FLUANDA	
This amendment is submitted to amend the follow	ving;	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or	registered office address on our records, enter th	e name of the nev
registered agent and/or the new registered office		c mane or the ne.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	William Ramirez		P.O. Box 61300 Palm Bay, FL 32906-1300	■ Add
				□ Remove
				□ Change
				Add
				☐ Remove
				☐ Change
				□ Add
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(If an ef Note:	tive date, if other than the date of feetive date is listed, the date must be specia. If the date inserted in this block does nent's effective date on the Department.	fic and cannot be prior to not meet the applica	to date of filing or more table statutory filing re-	(optional) han 90 days after filing.) Purs quirements, this date will r	uant to 605.0207 (3)(not be listed as the
the re	cord specifies a delayed effecti e 90th day after the record is fi	ive date, but not ïled.	an effective time	e, at 12:01 a.m. on tl	he earlier of:
Dated	Septembr 13				
		MYF	rized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00