

L13000083645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT 24 2016
16 OCT 24 AM 9:44
CLERK OF SUPERIOR COURT

OCT 26 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

AYSA, 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:

LEONARDO L PERRERO

Name of Person

AYSA, LLC

Firm/Company

501 FL. CENTRAL PKWY # 521262

Address

LONGWOOD, FL 32752

City/State and Zip Code

PERIKOPROTEAM@GMAIL.COM

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

For further information concerning this matter, please call:

LEONARDO L PERRERO

Name of Person

at (386) 314-0000

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

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

AYSA, 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 JUNE 10, 2013 and assigned Florida document number L13000083645.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

501 FL. CENTRAL PKWY # 521262

LONGWOOD, FL 32752

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 FL. CENTRAL PKWY # 521262

LONGWOOD, FL 32752

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:

N/A

New Registered Office Address:

N/A

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

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OCT 24
9:44
STATE
OF FLORIDA
CLERK OF
SUPERIOR
COURT

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>	<u>Type of Action</u>
MGRM	LEONARDO L. PERREA	851 HOBSON ST.	<input type="checkbox"/> Add
		LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RICHELLE M. KOBERG	851 HOBSON ST.	<input type="checkbox"/> Add
		LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KARL D. KOBERG	851 HOBSON ST.	<input type="checkbox"/> Add
		LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PERKO PROPERTY SOLUTIONS	501 FL CENTRAL PKWY	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL 32752 #521262	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 OCT 24 AM 9:44
Remove
Change
Add
Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

10-20-16



Signature of a member or authorized representative of a member

Leonardo Peres

Typed or printed name of signee

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