L13000083649

(Requestor's Name)
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(Address)
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(Business Entity Name)
(Business Entity Name)
(Document Number)
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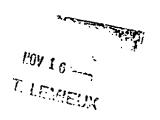
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10/09/20--01024--004 **25.00





COVER LETTER

TO:

Registration Section

Division of Cor	porations		
AYSA, LLO	2		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Richelle M. Koberg		
		Name of Person	
		Firm/Company	
	501 Fl Central Pkwy # 521	262	
		Address	
	longwood, FL 32752		
	Perko Pro E-mail address:	City/State and Zip Code + Cam @gmail. to be used for future annual report not	COM ification)
For further information co	oncerning this matter, please c	all:	
Richelle La	oberg (Person)		1-000 O ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632 Tallahassee, F	7	The Centre of	•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYSA, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L13000083645	ny were filed on 6/6/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
NA		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		", U
New Registered Office Address:	Enter Florida street address	1 17 17 19 19 19 19 19 19 19 19 19 19 19 19 19
	Enier Fiorida street address	. 6
	, Florida	*****
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>1t:</u>	Set See

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 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
MGR	Perko Properties	501 Fl Central Pkwy # 521262, longwood, FL 32752	□Add
			■Remove
			□Change
MGR Richelle M. K	Richelle M. Koberg	501 Fl Central Pkwy # 521262, longwood, FL 32752	🗃 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		□Add	
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f an effect Note: I	te date, if other than the date of filing: [10/06/2020] (optional) (optional) (introduce the 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	020 7 d as
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
Dated _	October 6. 2020.	
	Signapare of a member or authorized representative of a member	

Filing Fee: \$25.00