

L14000185771

8/19/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000206527 3)))



H160002065273ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX PLACE
Account Number : I20100000011
Phone : (954)369-4444
Fax Number : (954)369-4446

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A & F FINE SWEETS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

2016 AUG 22 AM 9:52

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 22 PM 12:19

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S Warren

AUG 23 2016

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A & F FINE SWEETS 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 12/04/2014 and assigned Florida document number L14000185771.

This amendment is submitted to amend the following:

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

Aysha Expert Business LLC

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

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

- 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:

New Registered Office Address:

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 positions 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager

AMBR= Authorizes Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Units</u>	<u>Type of Action</u>
--------------	-------------	----------------	--------------	-----------------------

Page 2 of 3

C. If amending any other information, enter changes(s) here: (Attach additional sheets, if necessary.)

D. Effective date, if other than the date of filing: 08/19/2016 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States)

Dated: 08/19/2016



Signature of a member or authorized representative of a member

Amanda Silva - MGR

Typed or printed name of signee

FILED
 2016 AUG 22 PM 12:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA