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COVER LETTER

AYSARA CAPITAL, LLC SUBJECT:	
SHBHUT:	
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:	
JARED B. NAMM, ESQ.	
Name of Person	
THE BERMAN LAW GROUP	
Firm/Company	
3351 NW BOCA RATON BLVD.	
Address	
BOCA RATON, FL 33431	
City/State and Zip Code	
jnamm@thebermanlawgroup.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JARED B. NAMM, ESQ. 561 826-52000EXT223	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	atus &
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYSARA CAPITAL, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/28/2015	and assigned
lorida document number L15000074791		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
MAYSARA CAPITAL, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2019 SE
		編 号 刊
	<u>.</u>	74 -4 74 -4 74 -4
inter new mailing address, if applicable:		m - m
Mailing address MAY BE A POST OFFICE BOX)		F. 3
Walleso Mill DB 111 OST OT TIEL DON		887 13
		>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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
			□Add
			□Remove
			Change
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			Change

	
	
	
	
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ffective date, if other than the da	12/03/2019
an effective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
Note: If the date inserted in this block ocument's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date off the Depar	rethen of State's records.
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d is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
n	
Pated November 3	2019
/// ^	

Typed or printed name of signee