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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations

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AYRES MOTORS GROUP LLC

SUBJECT:			
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	A CONTRACTOR OF THE PARTY OF TH
	GONZALO SANCHO		
		Name of Person	
	AYRES MOTORS GROUI	'LLC	
	•	Firm/Company	
	2099 NE 160 ST		
		Address	
	NORTH MIAMI BEACH,	FL 33162	
	ANGEL@JALACCT.COM	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	II:	
GONZALO SANCHO		786 346-7714 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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 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

(Name of the Lim	ited Liability Cor (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number L18000035905	Liability Compa	any were filed on $\frac{02/09/3}{2}$	2018 and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
NONE			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NONE	
(Principal office address MUST BE A STRE	ET ADDRESS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	NONE	THE SECOND PARTY OF THE PARTY O
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address l	office address on ou	ir records, enter the name of the ne
Name of New Registered Agent:	NONE		
New Registered Office Address:			
		Enter Florida s	street address
		City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

AYERS MOTORS GROUP LLC

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>	<u>Address</u>	Type of Action
MGR	GONZALO SANCHO	2099 NE 160 ST	
		NORTH MIAMI BEACH, FL	Add
		33162	□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			
			□ Remove
			Change
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	oding any other information, enter change(s) here: (Attach additional sheets, if necessary.) (INE
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F. Effectiv	OCT 1, 2019 re date, if other than the date of filing:
(If an effective Note: 1	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Oct. 1, 2019.
	Signature of a member of authorized representative of a member
	(epsysto Syscho

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00