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SECRETARY OF STATE

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COVER LETTER

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SUBJECT:	A	yaan f	Residential	Profeshies 11C	
			Name of Limi	теа главину Сотрану	
The enclose	d Articles of	Amendment a	nd fee(s) are subi	nitted for filing.	
Please return	n all correspo	ndence conce	rning this matter t	to the following:	
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			<u> </u>	Name of Person	
			Ayaun	Residential Propert	res LLe
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	e sie.		E-mail address: (1	to be used for future annual report no	etification)
For further	information c	oncerning this	s matter, please ca	ill:	•
	PRAN	AV SH	Ан	at (<u>732</u>) <u>429</u>	2738
	Name o	f Person		Area Code Dayti	me Telephone Number
Enclosed is	a check for t	he following a	anount:	,	·
\$25.00	Filing Fee		Filing Fee & icate 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)
. ·	Registi Divisio P.O. B	ING ADDRE ration Section on of Corporal ox 6327 assec, FL 323	tions · · ·	STREET/COUL Registration Sec Division of Corr Clifton Building 2661 Executive Tallahassee, FL	Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aygan Rosi Jential Name of the Limited Liability ((A Florida Lin	Proportion LLC Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Comfords document number Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	·
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SO TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIN SS
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the ne</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be pr	in the COU	(optional)	Dames to 605 020
e: If the date inserted in this block does not meet the appument's effective date on the Department of State's recor	olicable statutory filing		
record specifies a delayed effective date, but the 90th day after the record is filed.	not an effective t	ime, at 12:01 a.m. o	n the earlier
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Page 3 of 3

Filing Fee: \$25.00