118000175463

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u>. </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

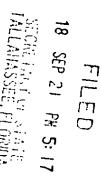




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COVER LETTER

	Registration Se Division of Corp				
eun ur	Ayalaw LLC	C			
SUBJEC	_ 	Name of Lim	ited Liability Company		
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Eduardo Ayala			
			Name of Person		
		Ayala Law PA			•
		1390 Brickell Ave, Suite 3	Firm/Company 35		18 SEP
		Miami, FL 33131	Address		P 21 PN 5: 17
		cayala@ayalalawpa.com	City/State and Zip Code		St. 17
For furth	ner information co	E-mail address: (to be used for future annual report notifiall:	cation)	
Eduardo	Ayala		305 570-2208		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	ne following amount:			
■ \$2 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations ater Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Ayalaw LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{118000175463}{}$.	were filed on 07/20/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SP 21
(Mailing address MAY BE A POST OFFICE BOX)	F.F. OR O.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MCD	Sulay Garcia	1390 Brickell Ave	
MGR		<u> </u>	= Add
		Suite 335	
			☐ Remove
		Miami, FL 33131	
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	-		
			Remove
			F1 (7)
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Effective date, if other than the (If an effective date is listed, the date must	date of filin	ig:	or to date of fil	ing or more tha	(option	ial) ling.) Pursua	m1 to 60	5.0207 (
Note: If the date inserted in this blo document's effective date on the De	ck does not	meet the appl	icable statuto					
the record specifies a delayed			ot an effe	tive time,	at 12:01 a.	m. on the	e earli	ier of:
) The 90th day after the reco								
September 18 Dated		2018						
		5	_					
				entative of a m				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00