L19000 193393

(Re	questor's Name)	
(Ad	dress)	· · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corpor	rations	_					
G. 18. 112.CVF	AYO GLOBAL LLO	c ·					
SUBJECT:	Name of Limi	ted Liability Company					
The enclosed Articles of Am	nendment and fee(s) are subr	nitted for filing.					
Please return all corresponde	ence concerning this matter t	o the following:					
	FA	BIANA CIOBATARU					
		Name of Person		-			
	FGC CORPORA	TE ADVISORS LLC					
	Firm/Company						
	999 BRICKELL AVENUE, SUITE 410						
	Address						
		MIAMI, FL 33131					
		City/State and Zip Code		-			
		fabiana@fgcadvisors.com					
-	E-mail address: (t	o be used for future annual rep	port notification)				
For further information conc	erning this matter, please ca	ili:					
FABIANA CIOBATARU		305 at () 	432-3009				
Name of Pe	rson	Area Code	Daytime Telephone Number	г			
Enclosed is a check for the f	ollowing amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ate of Status &			

MAILING ADDRESS:

Registration Section

TO:

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

	AYO GLO	BAL LLC		·ô
(Name of the Limi	ited Liability Compai (A Florida Limited I	ny as it now appears liability Company)	on our records.)	جر بر and assigned
The Articles of Organization for this Limited I Florida document number L19000193393	Liability Company	were filed on	08/07/2019	بب and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company her	<u>e</u> :	
NA The new name must be distinguishable and contain the				
Enter new principal offices address, if appli	cable:	NA		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		NA		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Ų.		our records, <u>enter</u>	the name of the
New Registered Office Address:	NA			· -
New Registered Office Address.		lintar libreio	lo etrout addrivee	

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
MGR	HELDER DARIO C DE OLIVEIRA	999 BRICKELL AVENUE SUITE 410-MIAMI, FL 33131	Add
			■ Remove
			Change
MGR	FABIO AUGUSTO DELEUSE	999 BRICKELL AVENUE SUITE 410-MIAMI, FL 33131	□ Add
			■ Remove
			Change
			
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Note: If	the date inserted	than the date of the date must be spe d in this block do e on the Departm	es not meet the	applicable statuto	ing or more than 90 ry filing requirer	(optional) days after filing.) Purs ments, this date will r	uant to 605.0207 (not be listed as t
ne reco The 9	rd specifies a Oth day aftei	delayed effer the record is	ctive date, b filed.	out not an effec	tive time, at	12:01 a.m. on t	ne earlier of:
Dated	<i>०लं</i> कन्	6) 24 hill	20)19			
	1	hill					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00