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(Req	uestor's Name)	-
(Adda	ress)	
(Addi	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
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NOV 13 2020 S. YOUNG

COVER LETTER

10:	Registration Se Division of Cor			
CUDIC	com.	A ₁	o AP LLC	1
SUBJE	.cr:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Domingo A Espid	ol jr
			Name of Person	
			Domingo A Espid	dol jr
			Firm/Company	
		1	0070 Eaglewood	rd #203A
			Address	·
		Во	ynton Beach, FL	33436
	City/State and Zip Code			
			Ayoap@itayoap.	
7 . 6			to be used for future annual	report notification)
ror fur	ther information c	oncerning this matter, please c	all:	
		go A Espidol jr	at (561)	341-1459
	Name o	f Person	Area Code	Daytime Telephone Number
Enclose	ed 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 end	Certificate of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Divisio The Ce 2415 N	ation Section on of Corporations ontre of Tallahassee Monroe Street, Suite 810 ussee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

	Ayo AP LLC	6 1
(<u>Name of the Limited</u> (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on	09/14/2020 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	de:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
		, Florida
	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 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>	Name	Address	Type of Action
CEO	Domingo A Espidol jr	10070 Eaglewood rd #203A	□Add
		Boynton Beach, FL 33436	⊠Remove
			X Change
MGRM	Domingo A Espidol jr	10070 Eaglewood rd #203A	⊠ Add
		Boynton Beach, FL 33436	□Remove
			⊠ Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			□ Change

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	th day after the
September 28 2020	
De la ser ser	
Signature of a member or authorized representative of a member	