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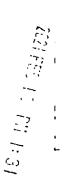
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Ayo	AP LLC	
3000ECT.		nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Domingo Espidol j	
		Name of Person	
		Firm/Company	
		10070 eaglewood	rd #A
		Address	
	Bo	oynton Beach, FL City/State and Zip Code	33436
		mingoespidoljr@gi to be used for future annual re	
For further information c	oncerning this matter, please c		, and the state of
Domingo Esp	idol jr	at (561)	561-341-1359 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
<u>Mailing Addres</u> Registration :		<u>Street Ade</u> Registra	Iress: tion Section
Division of C	Corporations	Division	of Corporations
P.O. Box 632			tre of Tallahassee
Tallahassee,	rt. 52514	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ayo	AP LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 85-3109253	00/4 4/0000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Business Marketing	Solutions LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
		i
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		23
N - D - '- 100° A 11		<u>~</u>
New Registered Office Address:	Enter Florida street address	 :
	. Floric	 ,
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I provided for in Chapter 605, F.S	' am familiar with and '. Or, if this document is

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
			□Add
			□Remove
			□ Chamge
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Chringe
			□ Add
			□Remove
			□ Add
		DRemove	
			☐ Change
			□Add
			□Remove
			∏Changa.

			
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m effective o <mark>te:</mark> If the	ate, if other than the date of I date is listed, the date must be specifi- date inserted in this block does effective date on the Department	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant not meet the applicable statutory filing requirements, this date will not	i to 605.0207 be listed as
ecord spec is filed.	zifies a delayed effective date, bu	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	iy after the
ted	February 9th		
		Kom Maria	
_	Signature	of a member of attithorized representative of a member	
		Desciona Facilial in	
		Domingo Espidol jr	

Filing Fee: \$25.00