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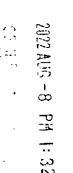
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| SUBJE | | .c | • | |
| 30502 | | Name of Lim | nited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | etum all correspo | ndence concerning this matter | to the following: | |
| | Registration Section Division of Corporations AYIBO, LLC CT: Name of Limited Liability Company Placed Articles of Amendment and fee(s) are submitted for filing. Return all correspondence concerning this matter to the following: Fabiah Stefaneseu | | | |
| | | AYIBO, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Fabiah Stefanescu Name of Person Firm/Company 12490 NE 7TH AVE #216 Address North Miami, FL 33161 City/State and Zip Code ayibo.usa@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: nescu Name of Person Area Code Daytime Telephone Number check for the following amount: check for the following is enclosed copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy (certified Copy) (certified Copy (certified Copy (certified Copy) (certified Copy (certified Copy) | | |
| | | | ning this matter to the following: Same of Person | |
| | | 12490 NE 7TH AVE #216 | • | |
| | | North Minns: El 22161 | Address | |
| | | North Miami, FL 33161 | | |
| | | | City/State and Zip Code | |
| | | · | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | er information co | oncerning this matter, please co | all: | |
| Fabiah S | | | at () | |
| | Name of | Person | Area Code Daytim | e Telephone Number |
| Enclosed | l is a check for th | e following amount: | | |
| ■ \$2 5. | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Before A. A. A. A. | | | |

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



| AVIDO LLO | 2022 AUG - 8 | PM 1:32 |
|--|--|------------------------------|
| AYIBO, LLC (Name of the Limited Lishility Com | ngny as it now annears on one wasted | <u> </u> |
| (A Florida Limite | pany as it now appears on our records. Ed Liability Company) | ; |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 5/19/2021 | and assigned |
| Florida document number L21000233701 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| AYIZAN, LLC | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility 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) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, <u>enter th</u> | ne name of the new regist |
| gent and of the new registered office address here: | | |
| Name of New Registered Agent: | | |
| | | <u></u> |
| New Registered Office Address: | Enter Florida street address | |
| | Emer rioriaa sireet aadress | |

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.

City

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 |
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| ective date, if other than effective date is listed, the date | must be specific and can | not be prior to date of | of filing or more than 90 | (optional) | . <u>Ƙ</u> |
| e: If the date inserted in thi | s block does not meet | the applicable sta | tutory filing requiren | nents, this date will not be | listed a |
| ument's effective date on th | e Department of State | 's records. | | | |
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| cord specifies a delayed effe | ctive date, but not an e | effective time, at | 12:01 a.m. on the ear | lier of: (b) The 90th day | after the |
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