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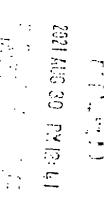
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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: NANCY				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for fifing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NANCY AYALA			
		Name of Person		
		Firm/Company		
	630 SE HIDDEN RI	VER DRIVE		
	PORT ST LUCIE, F	L 34983		
		City/State and Zip Code		
	NANCY.AYALA79@ E-mail address: (GMAIL.COM to be used for future annual re	port notification)	
For further information of	concerning this matter, please co	all:		, 267
NANCY AYALA		at (813) 763	-9818	·
Name c	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status & -
Mailing Addres		Street Add		
Registration : Division of C			ion Section of Corporations	
D O D		าน с	ere na a	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NANCY AYALA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number L21000361404	ability Company	were filed on AUGUST 11, 2021	and	l assign	ed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviatio	n "IIC	
Enter new principal offices address, if applica	ıble:	N/A			
(Principal office address MUST BE A STREET	TADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or re		N/A address on our records, enter the na	me of the	new re	egiste
agent and/or the new registered office address	s here:			202	
Name of New Registered Agent:	N/A			25	«سر
New Registered Office Address:	N/A			30	vana 1
		Enter Florida street address		7 to	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		, Florida _	Zip (73 ode= —	
New Registered Agent's Signature, if changing R	<u>egistered Agent:</u>				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	NANCY AYALA	630 SE HIDDEN RIVER DRIVE PORT ST LUCIE, FL 34983	
			□Remove
			□Change
			□Add
			□Remove
		 	DChange
			□Remove
			Change
			DAdd -
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			□Change

	
 	
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Filing Fee: \$25.00