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(((H24000087147.3)))



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COVER LETTER

(((H24000087147 3)))

Division of Cor		•	
	AYSH TE	CHNOLOGIES LLC	
SUBJECT:		nited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
17350 STATE HWY 249 STE 220			
Address			
	HOUSTON TX, 77064		
	EFILE1234@INCFILE.CO		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report is all:	Milication)
LOVETTE DOBSON		i 888- at () Area Code Dayti	4623453
Name o	f Person	Area Code Dayti	ine Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Fifing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00) Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Moni	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

3/6/2024 10:43:40 CST .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000087147 3)))

(Name of the Limite	AYSH TECHNOLOGIES LLC	on our record.	<u></u>
(Nume of the Limite)	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number		12/03/2021	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of	the limited liability company her	re:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or the	abbreviation L.C."
Enter new principal offices address, if applica	ble:		SLC:
(Principal office address MUST BE A STREET	*ADDRESS)		AR
	 		R-6 PH I
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		72
B. If amending the registered agent and/or reagent and/or the new registered office address	• •	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da sirvet 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. Thereby confirm that the limited liability company has been notified in writing of this change.

_ □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: (((H24000087147 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BRUCE DARRYLE SCHMIDT JR	9315 GREGORY ST	≡ Add
		CYPRESS, CA 90630	□Remove
			ElChange
····			CAdd
			□Remove
			[]Change
			🖸 Add
			□Remove
			FiChange
			iTAdd
			□Remove
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	ation, enter change(s) here: (A		
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: just be specific and cannot be prior to da block does not meet the applicable Department of State's records.	(option of the control of the contro	onal) filing.) Pursuant to 605.0207 (s date will not be listed as t
e record specifies a delayed effect rd is filed.	ive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b	r) The 90th day after the
Dated March 5th	, 2024		
	Vanitha S	lasari	
	Signature of a member or authorized	a representative of a member	
	Vanitha Das	sari	
	Typed or printed na	me of signee	