L2200014743

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: A. Y. S	Drain Soluti	oris LLC	
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Lawrence C	Name of Person	
		Name of Person	
	A. 7. 5 Dogin	Salidiana LLC Firm/Company	
		rimicompany	
	1018 Chaten	Address	
		Address	
	Minnecla Fl	34715 City/State and Zip Code	
	E-mail address: (1	C C(), C()) to be used for future annual report notif	lication)
For further information cor	ncerning this matter, please ca	all:	
Lowerence C	Intine II	at (<u>203</u>) <u>767-</u> Area Code Daytimo	4209
Name of r	(3501)	Atea Code Dayunic	e rereptione Nutrice
Enclosed is a check for the	following amount:		
\$25,00 Fiting 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 Address:		Street Address	

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

A.Y.S Drain Schutions L	LC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number 42200147443	were filed on March, 25, 20 22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
A.Y.S Solition; LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Minnecla FL 34715
(Principal office address MUST BE A STREET ADDRESS)	Minnecla FL 34715
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1018 Chriteric Cir Minneclae Fl 34715
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	AY 22
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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 Membe	1

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
		 	□Change
			□Add
			🗆 Remove
			□Remove
			Change
			□Add
		□ Remove	
			☐ Change
			□Add
		□ Remove	
		□ Change	
		□ Add	
			☐ Remove
			□ Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Note: If	e date, if other than the date of filing:
he record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _/	May 17il, 2023
	1 Pel I
	Signature of a member or authorized representative of a member
	Laurence C. Talmer II
	Typed or printed name of signee