L22 000 202 272

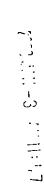
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COVER LETTER

TO: Registration Division of C		•	
AYITIP SUBJECT:	ACK, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spoudence concerning this matter	r to the following:	
	MALIVERT, ORCINO		
		Name of Person	
	AYITIPACK, LLC		
		Firm/Company	
	10353 SW 208TH TER		
		Address	
	CUTLER BAY, FL 3318	9	
	malivertorcino@gmail.con	City/State and Zip Code	·
		(to be used for future annual report notif	fication)
For further informatio	n concerning this matter, please o	call:	<u> </u>
NICOLAS MATHUR	KIN	305 7664927	11: 47
Nam	e of Person		e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing 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 Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N, Monroo Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYITIPACK, LLC			
(Name of the Limit	ted Liability Cor (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>)</u>
The Articles of Organization for this Limited L. Florida document number L22000202272		any were filed on 04/28/2022	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited I	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREA	<u>ET ADDRESS</u>	2	
			7.77
Enter new mailing address, if applicable:		N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			=
B. If amending the registered agent and/or agent and/or the new registered office address.		ce address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	·	Enter Florida street address	
		, Flo	orida
		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. 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 Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PERJUSTE, HENTI SAINTAZAR	4451 NW 25TH PL LAUDERHILL, FL 33313	□Add
			≘Remove
			□Change
AMBR	PERJUSTE, HENRI SAINTAZAR	4451 NW 25TH PL LAUDERHILL, FL 33313	≣Add
			□Remove
			Change
			🗆 Add
			□Remove □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Add □ Remove
			IRemove
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tive date, if other than the	date of filing:			(optional)	
ffective date is listed, the date mustainthe date inserted in this bloment's effective date on the De	the specific and cannoted does not meet the	he applicable st	of filing or more than ⁹ atutory filing require	0 days after filing.) P ments, this date wi	arsuant to 605.02 If not be listed :
ord specifies a delayed effective filed.	edate, but not an ef	Tective time, at	12:01 a.m. on the ea	rlier of: (b) The 9	'0th day after th
December 6th	20:	22			
-					

Typed or printed name of signee