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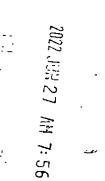
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	AYAMAO Holdings, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lauren McDonald			
		Name of Person		
		Firm/Company		
	8491 NW 39th Avenue			
		Address		
	Gainesville, FL 32606			
	Laurenbuttsmedonald@gma	City/State and Zip Code ail.com		
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
Robert P. Butts		at () 373-5922 Area Code Daytin		
Name o	of Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632	27	The Centre of	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 27 AH 7: 56

AYAMAO, Holdings, 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 Liability Company were filed on ^{June} 17, 2022 and assigned Florida document number L22000277301 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida __

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
MGR	Michael McDonald	8491 NW 39th Avenue	
		Gainesville, FL 32606	≣Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
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(If an effe	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
Dated _.	V 22/02
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00