## 122000427656

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9/16/24

## **COVER LETTER**

	egistration Sec ivision of Corp			
SUBJECT	AYDD LLC	;		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retu	m all correspor	ndence concerning this matter	to the following:	
		ALBERTO CHIANTA		
			Name of Person	_
		AYDD LLC		
			Firm/Company	_
2342 ROANOKE SPRINGS DRIVE				
			Address	_
		RUSKIN, FL 33570		
		<del> </del>	City/State and Zip Code	_
		E-mail address: (	(to be used for future annual report notification)	
For further	information co	oncerning this matter, please c	all:	
ALBERTO CHIANTA			727 310 40 44	
	Name of	Person	Area Code Daytime Telephone Numb	er
Enclosed is	s a check for th	e following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
				20万 5 万
Mailing Address: Registration Section			Street Address: Registration Section	, ,
Division of Corporations		orporations	Division of Corporations	1/2
	.O. Box 632° allahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810 : ·
1	ananasse, I	<i></i>	Tallahassee, FL 32303	7
				11. 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYDD LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)
he Articles of Organization for this Limited lorida document number L22000427656	Liability Company	were filed on 10/04/2022	and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
JA			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.IC."
nter new principal offices address, if applicable:		NA	
Principal office address MUST BE A STRE	ET ADDRESS)		
ladan many and line address if annihables		NA	
nter new mailing address, if applicable:	•		
<u>Mailing address MAY BE A POST OFFICE</u>	<u>: BOX)</u>		
. If amending the registered agent and/or		address on our records, <u>e</u>	nter the name of the new regist
gent and/or the new registered office addr  Name of New Registered Agent:	NA NA		
Name of New Registered Agent:			
gent and/or the new registered office addr	NA	Enter Florida street a	ddress
Name of New Registered Agent:	NA		ddress . Florida Zip Code

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>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	ALBERTO CHIANTA	390 112TH AVE NORTH APT 7302	□ Add
		ST PETERSBURG, FL 337616	≣Remove
			□Change
			□Add
			□Remove
			□Change
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	08/28/202	24		444		
ctive date, if other than the c	be specific and cannot be pri	or to date of fi	ing or more than 9	(option: 0 days after fili	ing.) Pursu	ant to 605.02
e: If the date inserted in this blo iment's effective date on the Dep			ory filing require	ments, this da	ate will no	ot be listed
intent's effective date on the De	partificition State 3 record					
ord specifies a delayed effective	data but not an affective	time at 12:0	lam on the ee	rline of: (b)	Tha O0th	day after th
filed.	date, but not an enective	inne, at 12.0	71 a.m. on the Ca	inci or. (o)	1110 7001	uay arter ti
AGUST 28TH	2024				63	20
AGUST 28TH		·			-: -: -:	2021:
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