624000217025

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entry Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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08/26/24

COVER LETTER

| | ration Sec on of Corp | | | |
|---|--------------------------|--|---|--|
| | AYPA INV | ESTMENTS LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed A | rticles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all | correspor | ndence concerning this matter | to the following: | |
| | | YEGOR DE CARVALHO | GOMES | |
| | | | Name of Person | |
| | | TAYPA INVESTMENTS | LLC | |
| | | | Firm/Company | |
| | | 1980 N ATLANTIC AVE | 2ND FLOOR STE 210 | ., |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| | | COCOA BEACH, FL. 329 | 31 | |
| | | | City/State and Zip Code | : |
| | | ELICIAMILENA29@GMA | | |
| Con from how in Co. | | | to be used for future annual report notification) | |
| ror further liftor | ппаноя со | ncerning this matter, please co | a)1; | 1 1 1 |
| YEGOR DE CA | ARVALH | O GOMES | 407 233-8041 | |
| | Name of | Person | at () Area Code Daytime Telepho | ne Number |
| Enclosed is a ch | eck for the | e following amount: | | |
| ■ \$25.00 Filin | ng 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) |
| | g Address | - | Street Address: | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporatio | ns |
| P.O. Box 6327 | | | The Centre of Tallahas | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TAYPA INVESTMENTS LLC | | |
|---|---|------------------------------------|
| (Name of the Limited Linbility (A Florida I | Company as it now appears on our Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 05/16/2024 | and assigned |
| orida document number 1.24000218075 | _• | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limit | ed liability company here: | |
| AYPA REMODELS LLC | | |
| he new name must be distinguishable and contain the words "Limite | ed 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 ADDRE | FCC) | |
| The parties and the market model be higher house. | | * * |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | | I: - |
| 3. If amending the registered agent and/or registered | office address on our records, | enter the name of the new regis |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| No. 10 Company | - | |
| New Registered Office Address: | Enter Florida street | address |
| | | |
| | Cir. | 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. 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
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| | 08/05/2024 | | |
| fective date, if other than the date in effective date is listed, the date must be the list be date in this block | ate of filing: | (optional) | |
| ver in the date meeting in this block | cuoes not meet the applicable sta | tutory filing requirements, this date | :) Pursuant to 605.020 : will not be listed a |
| cument's effective date on the Depa | artment of State's records. | | |
| | | | |
| ecord specifies a delayed effective d | ate, but not an effective time, at 1 | 2:01 a.m. on the earlier of: (b) The | ie 90th day after the |
| · · · · · · · | | | |
| ORLANDO | 08/05/2024 | | |
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Typed or printed name of signee