P17000020241

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AYR SERVICES,	INC.	
	BER: 1217000020241		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ABEY DIAZ		
	AYR SERVICES, INC.	Name of Contact Person	1
	P.O. BOX 152845	Firm/ Company	
	CAPE CORAL, FL 33915	Address	
		City/ State and Zip Code	
	AYRSERVICESLLC@GMA	AL.COM sed for future annual report	notification
For further information	n concerning this matter, pleas		297-3484
Name c	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indiment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
AYR SERVICES, INC.		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, 1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.4.	A professional corporation name must conte	tion "Corp"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
		23
D. If any address of the state		<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		<u> </u>
	_	A
Name of New Registered Agent		- - .
arti.)	treet address)	_ 5
(Pioriaa si	reet aaaress)	
New Registered Office Address:	, Florida (Zin	<u> </u>
	$(C_1(y))$ (Zip	(Code)
New Registered Agent's Signature, if changing Registered Agen	t:	
l hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of New 1	Registered Agent, if changing	_
gramme dy from 1	referred en rigorn) y omnignig	

Check if applicable

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■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change	VP	YOHAN RUIZ	3820 SW 2ND LN
Add			CAPE CORAL, FL 33991
X Remove			
2) Change	VP	YESAHEL	ALAYON
X Add			111 NE 2ND AVENUE
Remove Change			CAPE CORAL, FL 33993
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
		<u>.</u>	<u> </u>	
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		-		
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f an amendment provides for an exch	nance reclassification	or cancellation of	icerael chance	
provisions for implementing the ame	ndment if not contain	ed in the amendme	ent itself:	
(if not applicable, indicate N/A)				
 				

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• • •	08/07/2023
The date of each amendment(s) adop	ion:, if other than t
late this document was signed.	
08/07/2 Effective date <u>if applicable</u> :	2.3
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were adopte action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	by the shareholders. The number of votes east for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	he amendment(s) was/were sufficient for approval
h	<u>.</u>
by	(voting group)
Dated 8-\L	1-2023
Signature	1000 -
selected, b	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
Af	EY DIAZ
_	(Typed or printed name of person signing)
PR	ESIDENT
-	(Title of person signing)