

114 00000 8756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

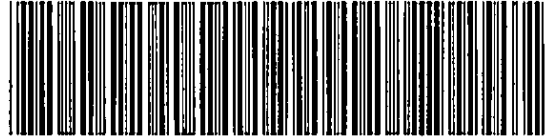
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 25 PM 6:26

0 DIVISIONS
OCT 08 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASEL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ASTRID S. LOPEZ
Name of Person
ASEL, LLC
Firm/Company
6166 WINFIELD BLVD
Address
MARGATE, FL 33063
City/State and Zip Code
Smartbizstartups@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASTRID S. LOPEZ at (954) 882-0405
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2020 APR 25 PM 6:26

ASEL, 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 01/16/2014 and assigned Florida document number L14000008756.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ASEL LEGAL, LLC

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)

6810 N. STATE ROAD 7

SUITE 212

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6810 N. STATE ROAD 7

SUITE 212

COCONUT CREEK, FL 33073

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:

ASTRID S. LOPEZ

New Registered Office Address:

6810 N. STATE ROAD 7 SUITE 212

Enter Florida street address

COCONUT CREEK

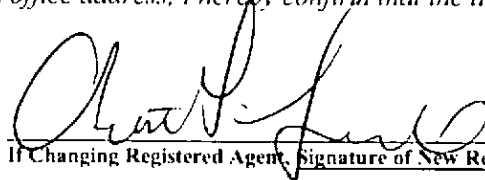
City

Florida 33073

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

2020 AUG 25 PM 6:26
Type of Action

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|-------------------------|--|
| AMBR | ASTRID S. LOPEZ | 6810 N. STATE ROAD 7 | <input type="checkbox"/> Add |
| | | SUITE 212 | <input type="checkbox"/> Remove |
| | | COCONUT CREEK, FL 33073 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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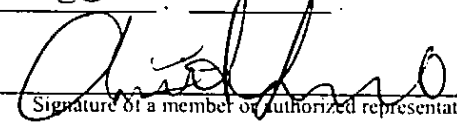
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 AUG 25 PM 6:25

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 20 2020



Signature of a member or authorized representative of a member

ASTRID S. LOPEZ

Typed or printed name of signee