

L15000707751

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASIA FOUNTAINS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL COHEN

\_\_\_\_\_  
Name of Person

PRIVCAP COMPANIES, LLC

\_\_\_\_\_  
Firm/Company

7200 W. CAMINO REAL, SUITE 200

\_\_\_\_\_  
Address

BOCA RATON, FL 33433

\_\_\_\_\_  
City/State and Zip Code

DONNY@PRIVCAPCOMPANIES.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL COHEN

561 954-2501  
at \_\_\_\_\_  
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**

FILED  
CLERK OF STATE  
DIVISION OF CORPORATE  
REGISTRATION

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ASIA FOUNTAINS, 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 12/14/2015 and assigned Florida document number L15000207751.

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:

7200 W CAMINO REAL

*(Principal office address MUST BE A STREET ADDRESS)*

SUITE 200

BOCA RATON, FL 33433

Enter new mailing address, if applicable:

7200 W CAMINO REAL

*(Mailing address MAY BE A POST OFFICE BOX)*

SUITE 200

BOCA RATON, FL 33433

**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:

PRIVCAP COMPANIES, LLC

New Registered Office Address:

7200 W CAMINO REAL, SUITE 200

*Enter Florida street address*

BOCA RATON

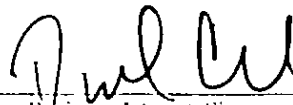
*City*

Florida 33433

*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:

STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

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MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FGM, LLC	7200 W CAMINO REAL, SUITE 200	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SCHWARZMAN, ZVI	7355 MANDARIN DRIVE	<input type="checkbox"/> Add
		BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

DIVISION OF CORPORATIONS

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Lined area for amending information.

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 April 1, 2021

Handwritten signature of Daniel Cohen

Signature of a member or authorized representative of a member

DANIEL COHEN

Typed or printed name of signee