

L17000138360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

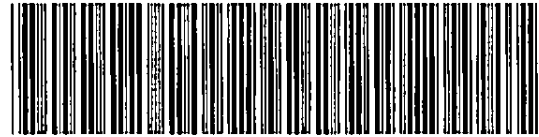
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32309

2017 AUG 23 PM 12: 02

FILED

K SALY
AUG 25 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASSA USA 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:

JOSE A. SOL

Name of Person

ASSA USA LLC

Firm/Company

462 RIDGEWOOD RD

Address

KEY BISCAVNE, FL 33149

City/State and Zip Code

MIREL.BARCELO@CORPONEFINANCIAL.COM

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

For further information concerning this matter, please call:

MIREL BARCELO

Name of Person

305 775-2617
at (_____) _____
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
2017 AUG 23 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASSA USA 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 06/26/2017 and assigned Florida document number L17000138360.

This amendment is submitted to amend the following:

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

AUTO SUPPLY GROUP 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:

462 RIDGEWOOD RD

(Principal office address MUST BE A STREET ADDRESS)

KEY BISCAZYNE, FL 33149

Enter new mailing address, if applicable:

462 RIDGEWOOD RD

(Mailing address MAY BE A POST OFFICE BOX)

KEY BISCAZYNE, FL 33149

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE A SOL	462 RIDGEWOOD RD	<input type="checkbox"/> Add
		KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 DEPARTMENT OF STATE
 HALL MARKS BLDG. FL
 TALLAHASSEE, FL

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

Multiple horizontal lines for amending information.

2017 AUG 23 PM 12:02
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TALLAHASSEE, FL 32309

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 JULY 21 2017

Signature of a member or authorized representative of a member

JOSE A SOL

Typed or printed name of signee