

h21000388912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

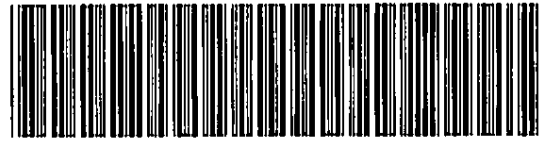
(Business Entity Name)

(Document Number)

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**FILED**  
2022 FEB 22 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
MAR 1 - 2022

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: A&S Enterprises of Pb 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:

Anabel Godinez  
Name of Person

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

17977 Keyline Blvd.  
Address

Loxahatchee, FL 33470  
City/State and Zip Code

A.S. enterprisesofpb@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anabel Godinez at ( 561 ) 718-9040  
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

A & S Enterprises of PB

FEB 22 PM 2:54

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL.

The Articles of Organization for this Limited Liability Company were filed on 8/31/2021 and assigned Florida document number L21000388912.

This amendment is submitted to amend the following:

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

A & S ENTERPRISES OF PB 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L21000388912  
FILED 8:00 AM  
August 31, 2021  
Sec. Of State  
smharris

**Article I**

The name of the Limited Liability Company is:

A & S ENTERPRISES OD PB LLC

*should be  
A&S ENTERPRISES OF PB LLC*

**Article II**

The street address of the principal office of the Limited Liability Company is:

17977 KEYLIME BLVD  
LONAHATCHEE, FL UN 33470

The mailing address of the Limited Liability Company is:

17977 KEYLIME BLVD  
LONAHATCHEE, FL UN 33470

**Article III**

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

ANABEL GODINEZ  
17977 KEYLIME BLVD  
LONAHATCHEE, FL 33470

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ANABEL GODINEZ