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(Re	equestor's Name)	
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(Bu	isiness Entity Na	me)
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Certified Copies	Certificate	s of Status
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Special Instructions to Filing Officer:

A. LUNT

MAY 28 2009

EXAMINER

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SECRETARY OF STATE

AY 27 PH 4: 09

COVER LETTER

TO:

Registration Section

Division	of Corporations			
SUBJECT:	ASG	CAPITAL, LLC		
	Name of Lin	Name of Limited Liability Company		
The enclosed Artic	cles of Amendment and fee(s) are so	ubmitted for filing.		
Please return all co	orrespondence concerning this matte	er to the following:		
		YGAL COHEN		
		Name of Person		
		ASG CAPITAL, LLC	201 TAL	
		Firm/Company	ECKE	
	1230 103RD STREET		2009 HAY 27 SECRETARY ALLAHASSI	
		Address		
	BAY HAR	BOR ISLANDS 33154 FLORIDA		
		City/State and Zip Code	9	
	<u> </u>	cohen@asg-capital.com (to be used for future annual report notification	, , , , , , , , , , , , , , , , , , , ,	
F 6			n)	
For further inform	ation concerning this matter, please	call:		
	YGAL COHEN	at (-6503	
1	Name of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a chec	k for the following amount:			
\$25.00 Filing F	See \$\sum \$\\$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 A Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASG CAPITAL, 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	y were filed onJUNE 6TH	2008 and assigned	
Florida document number263556930			
This amendment is submitted to amend the following:		FIL 2009 HAY 27 SECHETASSE ALLAHASSE	
A. If amending name, enter the new name of the limited lial	bility company here:	TT *	
		FLOOR F	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the design		
Enter new principal offices address, if applicable:	1200 BRICKELL AVENUE, SUITE 510		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33131		
			
Enter new mailing address, if applicable:	1200 BRICKELL AVENU	E, SUITE 510	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Entor Florida str	aat addrass	
	Enter Florida street address		
	, Flor	ida 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
*******			Add Remove
		A)	<u> </u>
<u></u>		AHASSEE.	Add
		FLORIOA	E CAdd ☐ Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
_			-
			_
Dated	20th of May.	2009.	_
	Signature of a f	nember or authorized representative of a member •	
		YGAL COHEN	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00