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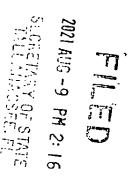
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JAS J

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
	nd Associates, LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	havited for Elian	
riease return an corresp	ondence concerning this matte	r to the following:	
	Nikkie Clark Vogel		
		Name of Person	
	Tom R. and Associates, L	LC	20: Si
		Firm/Company	
	11 SE 2nd Ave		LETA:
	<del></del>	Address	
	Gainesville, FL 32601		2021 AUG -9 PH 2: 16 SECRETARY OF STATE TELLATIASSEE, FL
		City/State and Zip Code	——————————————————————————————————————
	nihhieo	TOBERTA RUSH	1 pa.com
For further information of	concerning this matter, please c	•	ourcation)
Nikkie Clark Vogel	•	352 416-0906	
Name o	of Person	at ()	ime Telephone Number
		Then Code Day	mic reseptable reamber
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration S	ection
Division of C P.O. Box 632		Division of Co The Centre of	orporations
	•	THE CERTE OF	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tom R. and Associates, 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 09-24-01 and assigned Florida document number \_\_\_\_\_L1000016307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ASI Florida, 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

## 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sperring, TOM RSR /	2928 NW 22nd Street	
		Gainesville, FL 32605	■Remove
		<del></del>	Change
MGR	Sperring, Phyllis	2928 NW 22nd Street	
		Gainesville, FL 32605	≣Remove
AMBR	Nikkie Clark Vogel 🗸	11 SE 2nd Ave	□ Change
		Gainesville, FL 32601	And dd d
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in effective date i ote: If the date	if other than the is listed, the date mus e inserted in this blo etive date on the De	t be specific and ock does not i	I cannot be prior neet the applic	able statutory i	or more than 90 d iling requireme	_ (optional) lays after filing.) ents, this date v	Pursuant to vill not be	o 605.020 e listed a
ecord specifies is filed.	a delayed effective	e date, but not	an effective ti	me, at 12:01 a.	m. on the earlie	er of: (b) The	90th day	after the
ted July	1 28		2021	<u> </u>				
	MUL	Signature of a	Dael member or author	Vogel	tive of a member			_
		-						

Filing Fee: \$25.00