

✓
L03000011652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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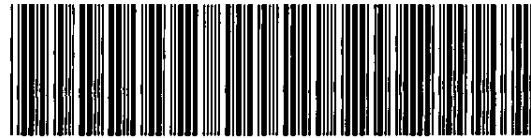
(Business Entity Name)

(Document Number)

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B. BOSTICK

OCT 25 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASHLIN GROUP, 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:

FRANK M. ZOHN
Name of Person
ASHLIN GROUP, LLC
Firm/Company
9999 FAIRCHILD WAY
Address
CORAL GABLES, FLORIDA 33156
City/State and Zip Code
FZ @ ashlingroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK M. ZOHN at (305) 793-1548
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE

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**

ASHLIN GROUP, 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 April 1, 2003 and assigned Florida document number L03000011652.

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 end with 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)

9999 FAIRCHILD WAY
Coral Gables, Florida 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9999 FAIRCHILD WAY
Coral Gables, Florida 33156

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:

Frank M. Zohn

New Registered Office Address:

9999 Fairchild Way

Enter Florida street address

Coral Gables

City

Florida

33156

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.

Frank M Zohn

If Changing Registered Agent, Signature of New Registered Agent

