L03000014604

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300301105863

Unable 17 -- Itle-School **= . . .



JUL 12 2017 JULIVERS

COVER LETTER

TO: Registration Section - Division of Corporations
SUBJECT: ASH Services, LC
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:
Alton Kith Hurley Name of Person
ASH Services, LLC
970 Harbor Lake Dr. A
Soley Hurber Ft. 34695 City/State and Zip Code
Ketth @ ashservices 110.000 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (121) 235 8454 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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 ARTICLES OF ORGANIZATION **OF**

ASH Services, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) VFlorida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number $\frac{1.03000014604}{1.0000014604}$	bility Company were filed on June 2003	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or	r registered office address on our records, en	ter the name of th
registered agent and/or the new registered offi-	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	<i>-</i> 0

Thereby 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>	Type of Action
MGR	Shelly R Hurley	1022 Wyndham Way	
	Safety HArbor, FL 34695	■ Remove	
		Change	
		☐ Remove	
		☐ Change	
		Remove	
			☐ Change
		Add	
		□ Remove	
			Change
		Remove	
		Change	
		☐ Remove	
			☐ Change

•	
	<u> </u>
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing of the lift the date inserted in this block does not meet the applicable statutory forment's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0 illing requirements, this date will not be listed
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlie
ted 62917 Olfo Al Signature of a member or authorized represents	
Signature of a member or authorized representa	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00