L0400079565

(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:
α
Ahrz 1

Office Use Only



600092020316

**

03/12/07--01021--012 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Division o	on Section f Corporations
SUBJECT: ASA	NP Gutter Facia Soffit LLC (Name of Limited Liability Company)
	(Name of Limited Liability Company)
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	Sandra LaCassa
	(Name of Person)
	ASAP Gutter Facia Soffit
·	(Firm/Company)
	3432 Country Walk Dr,
	(Address)
	Port Orange FL 32129
	(City/State and Zip Code)
For further information	tion concerning this matter, please call:
Sandra	LaCassa at 386 3049936
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

March 6th 2007

Division Of Corporations PO Box 6327 Tallahassee FL 32314

To Whom It May Concern

I hereby sell 50% of ASAP Gutter Facia Soffit to my wife, Sandra LaCassa for the amount of \$50.00.

Your sincerely

Vito LaCassa Managing Member

Vito Lalassa

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAP Gutter Facia Soffit LLC
(Present Name) (A Florida Limited Liability Company)
The Articles of Organization were filed on
This amendment is submitted to amend the following:
ADD : Sandra LaCassa as a Managing Member (50%)
3432 Country Walk Dr, Port Orange FL
32129
· · · · · · · · · · · · · · · · · · ·
——————————————————————————————————————
· · · · · · · · · · · · · · · · · · ·
rch 6th , 2007
Signature of a member or authorized representative of a member
TA _S
Vito LaCassa Typed or printed name of signee

Filing Fee: \$25.00

MAR 12 PM 2: I