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T. HAMPTON

MAY 2 6 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	A	SIA LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Paul Sloan	
		Name of Person	
		ASIA LLC	
		Firm/Company	······································
	401	Commercial Ct / Suite C	
		Address	
		Venice, FL.34292	
		City/State and Zip Code	
	E-mail address: (t	assei@comcast.net o be used for future annual report notifies	ation)
For further information	concerning this matter, please c		,
	Paul Sloan		02-2575
Name	of Person	Area Code & Daytime	Telephone Number
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)	Sectificate of Status & Certificate 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

	ASIA LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)		
· ·	• • • • • • • • • • • • • • • • • • • •			
The Articles of Organization for this Limited Liabilit	y Company were filed on	10/09/2006	and assig	ned
Florida document number L06000098784	·			
This amendment is submitted to amend the following	3:			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LI	.C" or the ab	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			9
		<u> </u>	9	SEC
			TAY	SET
Enter new mailing address, if applicable:			22	FAR C
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		PM	중유민
			2	R A
			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	OF.
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter th</u>	e name of	the ney
Name of New Registered Agent:				
New Registered Office Address:	Er	nter Florida street addr	ess	
		, Florida		
_	City	, FIULIGA	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Address **Type of Action Name** Astrid Sloan MGRM PO Box 35212 ☐ Add Remove Sarasota, FL 34242 Paul Sloan MGR Paul Sloan Add Remove PO Box 35212 Sarasota, FL. 34242 MGRM Paul Sloan Paul Sloan ✓ Add PO Box 35287 ☐ Remove Sarasota, Fl 34242 Add Remove $\square Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Paul Sloan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00