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SECRETARY OF STATE
TALLAHASSEE FLORIDA

## **COVER LETTER**

TO:	Registration Section Division of Corporations		•		
SUBJI	ECT:	AS	IA LLC		
		Name of Limite	d Liability Company		
The en	closed Articles of Amendment	and fee(s) are subm	uitted for filing.		
Please	return all correspondence conc	erning this matter to	the following:		
			Paul Sloan		
Name of Person					
			ASIA LLC		
			Firm/Company		
		401 C	ommercial Ct. / Suite C		
			Address		
Venice, FL. 34292					
	· · · · · · · · · · · · · · · · · · ·		City/State and Zip Code		
		pa	ssei@comcast.net be used for future annual report notifi		
F a 6 a.	41			canon)	
POF BUT	ther information concerning thi	is matter, please cal	I.		
···	Paul Sloan	1	at (	349-6583	
	Name of Person		Area Code & Daytime	Telephone Number	
Enclos	ed is a check for the following	amount:			
\$25	5.00 Filing Fee \$30.00 Certif	Filing Fee & ficate 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

ACIA LLC



	AOIA LLO	MLLAHACO	UF STATE	
(Name of the Limited Liz (A Flo	ability Company as it now appeared Limited Liability Company)	rs on our records 305.	FLORIDA	
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on		and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Comp	any," the designation "I	LC" or the abbreviatio	
Enter new principal offices address, if applicabl	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO				
	<u> </u>		and the same of th	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
	Enter Florida street address			
-	<u> </u>	, Florida	7: 0.1	
	City		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Silvia Cesarios (De Cruz)	401 Commercial Ct Suite C Venice, FL 34292	Add  ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	OS TALL
			JUL 20 PH 12: 1
Dated	July 14 ,	2009	<u>\$7</u> 8
	Signature of a mem	ber or authorized representative of a member	
		Paul A Sloan	
	Туг	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00