## L06000223408

(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



200316140822

07/30/18--01009--027 \*\*25.00

S. YOUNG

16 JU 30 IU CH

## CÖVER LETTER

Division of Cor	porations		,	•
ASPHALT SUBJECT:	SOLUTIONS, LLC			
	at (			
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	ROBERTO R GALINAN	ES		
•		Name of Person		
	ASPHALT SOLUTIONS	LLC .		
		Firm/Company		
	1216 JAGUAR COURT			
		Address	<del></del>	
	WINTER SPRINGS, FL 32708			듯. 중
*. •		City/State and Zip Code		
	E-mail address: (	to be used for future annual report notifi	ication)	
For further information co		-	,	
KAMI GALINANES				; <u>.</u>
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASPHALT SOLUTIONS, LLC						
(Name of the Lin	ited Liability C (A Florida Lin	ompany as it now appears on ou lited Liability Company)	r records.)	10.1.1.1		
The Articles of Organization for this Limited	Liability Com	pany were filed on 12/26/200	06	and as	signed	
Florida document number L06000121908		•				
This amendment is submitted to amend the fo	llowing:				•	
A. If amending name, enter the new name	of the limited	liability company here:				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designati	on "LLC" or the abb	reviation "L	.L.C."	
Enter new principal offices address, if appl	NA		··· ·.·.			
(Principal office address MUST BE A STRE	ET ADDRES	<u> </u>		<del></del> <del>;</del> _		
		<del></del>	<u> </u>	<del>-</del>		_
				7.	က	
Enter new mailing address, if applicable:		NA		>-	( . <u>.</u>	;
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>		3 - <del>-</del> -	_:_:	_:-
					ن	<u>'</u> '
					= =	;
B. If amending the registered agent and			records, <u>enter (</u>	he name	ofethe	nev
registered agent and/or the new registered of	ottice address	<u>here</u> :			<u>ب</u> (ن)	
Name of Name Descriptional Assess	NA			,,,,		
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·			_
New Registered Office Address:	NA					
	. Enter Florida stree	et address				
	, Florida					
		Citv		Zin 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 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>	Name	Address	Type of Action
AMBR	KAMI GALINANES	1216 JAGUAR COURT	<b>B</b> Add
		WINTER SPRINGS FL 32708	□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			— D AVI
			Remove
			Change:
			Add C
			☐ Remove
•			Change
<u> </u>			Add
			☐ Remove
	· · · · · · · · · · · · · · · · · · ·		□ Add
			□ Кешоче
			□ Change

NA				
,				
			·	
	-			
	<del> </del>	<del>-</del>		
		•••	<del></del>	<del></del>
	·-·			<u></u> '
				C.
				<u> </u>
			7.	<del>- ; -</del>
			<u> </u>	
			=	
			100 m	 []
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the ument's effective date on the Department of State's	ot be prior to date of filling the applicable statutor	ng or more than 90 days	optional) after filing.) Pursuant u , this date will not be	o 605.01 e listed
record specifies a delayed effective date, he 90th day after the record is filed.	but not an effec	tive time, at 12:0	01 a.m. on the e	arlier
JULY 24TH 20	81			
,	<del></del> -			
Liber	or authorized represe	menus of a member		_
Signature of a fishing	a or assurance represe	STATE OF A STATE OF S		

Page 3 of 3

Filing Fee: \$25.00