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COVER LETTER

TO:		ration Sec on of Corp			•	
CHD IE		shmore &	Associates, LLC			
SUBJE	CI; _	·	Name of Lim	ited Liability Company		
The enc	losed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn al	l correspon	dence concerning this matter	to the following:		
			Camden Ashmore			
	Name of Person					
	Ashmore & Associates, LLC (to change to Ashmore Design, LLC)					
				Firm/Company		
	27499 Riverview Center Blvd. Suite 103				च्यं . ्र	3.
	Address					غ الم
Bonita Springs, FL 34134						
	City/State and Zip Code					
			CamdenA@AshmoreLLC.c			
For furth	h er info	rmation co	E-mail address: (to be used for future annual report no all:		<u>ب</u> ت
Camder	n Ashm			239 444-5780 at ()		
		Name of	Person	Area Code Daytir	ne Telephone Number	
Enclose	d is a ch	neck for the	e following amount:			
\$25.	.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

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

Ashmore & Associates, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 31, 2007 and assigned Florida document number L07000110179 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ashmore Design, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) -23 N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM,P	Ashmore, Rodney	27499 Riverview Center Blvd.	
		Suite 103	□ Remove
		Bonita Springs, FL 34134	
MGR,VP	Ashmore, Camden	27499 Riverview Center Blvd.	
of Business Op	perations	Suite 103	☐ Remove
	·	Bonita Springs, FL 34134	■ Change
VP	Walls, Kevin Jay	27499 Riverview Center Blvd.	■ Add
of Architecture	:	Suite 103	□ Remove
		Bonita Springs, FL 34134	Change 7
			□ Remove
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the record specifies a delayed effective The 90th day after the record is filed		n effective time, at	12:01 a.m. o	n the ea	rlier of:
Dated April 25	, 2018				
		ed representative of a memb	er		
Candes /	1shmore	ame of signee			

Page 3 of 3

Filing Fee: \$25.00