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DIVISION OF CORPORATI

T. HAMPTON
MAR 1 8 2010
EXAMINER

COVER LETTER

for

TO: Registration Section Division of Corporations	
SUBJECT: ASNA 120 Fife (Name of Limited Liability Con	npany)
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted
Please return all correspondence concerning this matter to:	
John GOMEZ (Contact Person)	
(Contact Person)	_
Asva Properties	_
(Firm/Company)	
1706 NN 9155 AVE (Address)	_
(Address)	
Plantetion Fl 33322 (City/State and Zip Code)	_
(City/State and Zip Code)	
For further information concerning this matter, please call:	
John Gonez at (954 (Name of Contact Person) (Area Code	, 803-7595
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	S55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASNA PROPERT	TIES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now app	ears on our records.)	
(A Florida Limited I	Liability Company	') 	. <u>ت</u>
The Articles of Organization for this Limited Liability Company	were filed on	02/04/2009	and assigned S
Florida document number <u>L09000011453</u>			A ≥ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
This amendment is submitted to amend the following:		•	CORPC
A. If amending name, enter the new name of the limited liab	nility company b	iere.	Si Si
A. If amending name, enter the new name of the minted har	mity tompany i		ATION ATION
The new name must be distinguishable and end with the words "Lim"L.L.C."	-	,	
Thursday, 1991, 19	1706	NW GIST 1+9+10N F	AVE
Enter new principal offices address, if applicable:	7/-	1000 //	7, 7, 7, 7,
(Principal office address MUST BE A STREET ADDRESS)	12/92	1797104 7	1 33320
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1706 Plant	NW 9185 ation Fl	33322
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter th</u>	ne name of the new
Name of New Registered Agent:			· · · · · · · · ·
New Registered Office Address:			
	<u></u>	Enter Florida street addr	ess
	, Florida		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
 	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF GORPORATIONS
	Signature of the	1101	
		per or authorized representative of a member Day C GOME 2 Delay C GOME 2 Delay C GOME 2	

Page 2 of 2

Filing Fee: \$25.00