L09000076574

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
•		
(Ru	siness Entity Nar	ne)
,	Emily Man	,,,,
(Do	cument Number)	
(BC	oument Number,	•
0 87 10 3	0 67	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

Office Use Only



800164000978

02/01/10--01041--008 **60.00

FILED

10 FEB -1 PH 2: 32

SECKELARY OF STATE
SECKELARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AScendant Holdings, LLC. Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
aloria M. Trasorras Name of Person		
Ascendant Holdings, LLC.		
2300 W. 84 St., 5th Floor		
. Hialcah FL 33016 City/State and Zip Code		
E-mill address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\text{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

FILED 10 FEB -1 PM 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA Florida document number <u>L090</u>0076574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: 2300 W. 849 Street New Registered Office Address: Enter Florida street address

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** <u>Name</u> **Address** Type of Action E_Remove Remove Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) new address for managing member: Signature of a member or authorized representative of a member Pablo L. Cejas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00