

LD9000100680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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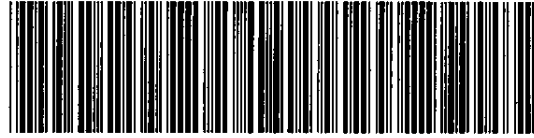
Special Instructions to Filing Officer:

**L. SELLERS**

APR 15 2010

**EXAMINER**

Office Use Only



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04/14/10--01008--020 \*\*30.00

**FILED**

10 APR 14 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASUK, 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:

MARK D. BRYAN

Name of Person

ASUK, LLC.

Firm/Company

3415 PINEWALK DRIVE N, APT 202

Address

MARGATE, FL 33063

City/State and Zip Code

JUJUANG04@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK D. BRYAN

Name of Person

at ( 954 )

588-0462

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate 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**

ASUK, 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 10/19/2009 and assigned  
Florida document number L09000100680.

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:

MARK D. BRYAN

New Registered Office Address:

3415 PINEWALK DRIVE N, APT 202

*Enter Florida street address*

MARGATE

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 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.*

Mark D. Bryan  
**If Changing Registered Agent, Signature of New Registered Agent**

**FILED**  
10 APR 14 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3062  
Zip Code

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

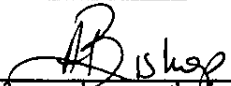
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARK D. BRYAN	3415 PINEWALK DRIVE N, APT 202 MARGATE, FL 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANGES BISHOP	6986 MONTARA DRIVE MARGATE, FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

OWNERSHIP OF COMPANY FROM ANGES BISHOP TO MARK D. BRYAN

Dated 4/09, 2010

  
Signature of a member or authorized representative of a member

ANGES BISHOP

Typed or printed name of signee

FILED  
 10 APR 14 PM 2:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA