169000114796

| (Re | equestor's Name) | |
|-------------------------|----------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Čit | ty/State/Zip/Phone # | f) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Name | ·) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100372327321

09/26/21--01019--010 **25.00

TARY OF STAR

DZI AUG 26 AM 4: 34 SECRETARY OF STATE

00/01/309/

COVER LETTER

| TO: | Registration S Division of Co | | | |
|-----------------|----------------------------------|--|---|-------------------------|
| eren ere | ASE Amer | ricas LLC | | |
| SUBJEC | ΣΙ: <u></u> | Name of Lin | nited Liability Company | - |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all corresp | ondence concerning this matter | to the following: | |
| | | Gaynor Palmer | | |
| | | - | Name of Person | |
| | | ASE Americas | Name of Person as Firm/Company tral Parkway Address 994 City/State and Zip Code mericas.com -mail address: (to be used for future annual report notification) atter, please call: at (| |
| | | | Firm/Company | |
| | | 919, SE Central Parkway | | |
| | | | Address | · · · |
| | | Stuart FL 34994 | | |
| | | | City/State and Zip Code | |
| | | gaynor@aseamericas.com | | |
| | | E-mail address: (| to be used for future annual report no | otification) |
| For furth | er information o | concerning this matter, please c | all: | |
| Gaynor l | Palmer | | at / | |
| | Name | of Person | Area Code Dayti | ime Telephone Number |
| Enclosed | l is a check for t | he following amount: | | |
| ■ \$ 25. | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & |
| | Mailing Addre Registration | | Street Address: Registration S | Section |
| | Division of 0 | | Division of Co | |
| | P.O. Box 632 | 27 | The Centre of | |
| | Tallahassee. | FL 32314 | 2415 N. Moni | roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED OF

2021 AUG 26 AM 4: 34

ASE Americas LLC

(Name of the Limited Liability Company as it now appears on our geeprds.) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.09000114796}{1.09000114796}$. | | | and assigned |
|---|-----------------------|-------------------------------|-------------------------|
| | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here | ;; | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the desi | gnation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | <u> </u> | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our rec | ords, <u>enter the nam</u> | e of the new registered |
| agent and/or the new registered write address here. | | | |
| | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florid | ı street address | |
| | | | |
| | | ı street address , Florida | Zip Code |
| | | | Zip Code |

If Changing Registered Agent, Signature of New Registered Agent

If amending 'Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
| | | | |
| | | | □Remove |
| | | | □ Change |
| | | - | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | DAdd |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |

| New Company Owners | | | |
|--|---|---|---|
| Valsoft Corporation Inc. | | | |
| 7405 Trans Canada Route | #1(X) | | |
| Saint-Laurent, QC | | | |
| Canada H4T 1Z2 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | <u></u> - | | |
| | | | |
| | | | |
| | | | |
| | | | ··· |
| | | | |
| ote: If the date inserted in this | must be specific and cannot be prior to c | (optional) late of filing or more than 90 days after filing.) he e statutory filing requirements, this date w | Pursuant to 605.020 ill not be listed as |
| record specifies a delayed effective is filed. | tive date, but not an effective time | at 12:01 a.m. on the earlier of; (b) The | 90th day after the |
| nted | 2021 Palmos | | |
| | Signature of a member or authorize | ed ropresentative of a member | |
| | - | | |

Filing Fee: \$25.00