L10000017321

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(,
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SECRETARY OF STATE
TALL AHASSEE, FLORAGE

T. CLINE

MAY 1 1 2010

EXAMINER

COVER LETTER

TO: •	Registration S Division of Co					
SUBJECT: AS			one, LLC			
50000			ted Liability Company			
		f Amendment and fee(s) are sub	-			
			Charles Hall			
			Name of Person			
 Charles Hall & Associa 			les Hall & Associates, PA			
Firm/Company			Firm/Company		201 S	
			P.O. Box 4050		2010 HAY 10 PM 12: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDI	
	Address				TAS Y	
	St. Augustine, FL 32085) PI NY DI SEE:	
	City/State and Zip Code					
	CTA1040@aol.com E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please		,	7:·	
	An	drea Edwards	at (904) 82	29-6533		
	Name	of Person	Area Code & Daytime T	elephone Number		
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	STREET/COURIEJ Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ne, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appear ed Liability Company)	<u>'s on our records.</u>)	
The Articles of Organization for this Limited Liability Comp	any were filed on	02/15/2010	and assigned
Florida document number L10000017321			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Compa	my," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			A T
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		SS TO
			MO -0 111
			FST AR:
Enter new mailing address, if applicable:			2 S
(Mailing address MAY BE A POST OFFICE BOX)			T
B. If amending the registered agent and/or registered		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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 = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address MGRM** Stefanie Robinson 5300 Timucua Circle ☐ Add St. Augustine, FL 32086 ✓ Remove John Robinson MGR 5300 Timucua Circle ✓ Remove St. Augustine, FL 32086. MGR Nathan Zwally 30 Hawaiin Blvd ✓ Add St. Augustine, FL 32080 Remove MGR Tim Lynch 30 Hawaiin Blyd St. Augustine, FL 32080 30 Hawaiian Blvd MGR Matthew Zwally St Augustine, FL 32080 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00