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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2015 AUG -4 P 12:

William S.

## **COVER LETTER**

TO: Registration Se Division of Cor				,
ASIAVE	EN LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspondent	ondence concerning this matter t	to the following:		
	DEIMER J BARROSO			
		Name of Person	<del></del>	
	ASIAVEN LLC			
		Firm/Company		
	3900 NW 79th AVE, SUIT	'E 532		
	<del></del>	Address	<del></del>	
	DORAL, FL 33166		20 SI TAL	
		City/State and Zip Code	LATE CREE	12.37
	fjrincon@asiaven.com	o be used for future annual report notifi	\$ \$ \$	WELLING Commence
For further information	concerning this matter, please ca	•	2015 AUG - 4 P 12: SECRE JARY OF STA ALLAHASSEE, FLOR	
DEIMER J BARROSO		at (305) 436-	- 5801 BA 5	U
Name	of Person	Area Code Daytime	Telephone Number CO	
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

ASIAVEN LLC			
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears iability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	04/06/2010	and assigned
Florida document number L10000036835			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	SEC 2015
		ASS	<u>م</u>
Enter new mailing address, if applicable:		. (بنا د ندرا	
Mailing address MAY BE A POST OFFICE BOX)	-		
			<u>-i</u>
		»	ာ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	r the name of the
Name of New Registered Agent:			
New Registered Office Address:		<del></del>	
	Enter Flori	ida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Hordika C. Barroso Lozada	3900 NW 79 Ave #532	Add
		Doral, FL 33166	Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			TASI CRETISTADA
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Tective date, if other than than effective date is listed, the date in ote: If the date inserted in this locument's effective date on the	ust be specific and can block does not meet	not be prior to da the applicable	ate of filing o	r more than	(optio 90 days after ements, this	filing.) P	ursuant to Il not be	605.020 listed a
e record specifies a delaye The 90th day after the re	ed effective date cord is filed.	e, but not ar	effectiv	e time, a	t 12:01 a	.m. or	the ea	irlier o
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	Signature of a mem	ber or authorize	representa	tive of a mer	nber			-

Page 3 of 3

Filing Fee: \$25.00