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SECRETARY OF LORID

OCT 2 2 2019 T. LEAMPTON

COVER LETTER

TO: Registration Section of Corp			·
SUBJECT:	Y GREEN C Name of Limit	ASIS LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	THOMAS	M Long Name of Person	
		Firm/Company	
	1210 NV	N 8th Street	
	Boxa RATIO	ON FL 331 City/State and Zip Code	186
	Homas C	o be used for future annual report no	tification)
For further information con	ncerning this matter, please ca	all:	
Homas Name of I	Person	at (56) Area Code & Dayt	376-7897 ime 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	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	en as it now appears on o	LLC ur records.)	<u> </u>	-	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	21-20	and	assigne	×d
This amendment is submitted to amend the following:			SEC TALL	2000	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :		[취임]) -	
The new name must be distinguishable and end with the words 'Limi	INANCIAL L	LC_	N. 1.	-l	######################################
The new name must be distinguishable and end with the words "Limit" "L.L.C."			<u>-</u>	<u>ר</u>	eviation (
Enter new principal offices address, if applicable:	64	Change	. Si	- `	المحصيدات
(Principal office address MUST BE A STREET ADDRESS)		J	53		
Enter new mailing address, if applicable:	μο_	change			
(Mailing address MAY BE A POST OFFICE BOX)		0			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter	the nam	e of th	ie new
Name of New Registered Agent:	~ ∆ 0	hange			
New Registered Office Address:		orida street ad	ddress		
	City	, Flor i da _	Zip C	ode	
	City		Lip C	JUE	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. Ifurther 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, <u>enter the title, name, and address of each Manager or Managing'Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Name</u> <u>Address</u> Type of Action **Title** No Change Remove Remove Remove Remove Add Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ·	No Change
	J
Dated	October 14, 2013.
	2001
	Signature of a member or authorized representative of a member THOMAS M. LONG MG-RM
	Typed or printed name of signee

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Filing Fee: \$25.00

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