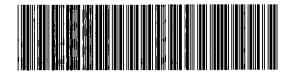
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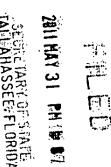
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
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C. LEWIS

JUN 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	er er
SUBJECT: Ashbee Services LLC. Name of Limited Liability Company	
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:	
Hubert Menender Name of Person	
Name of Person Ashbee Services, LLC. Firm/Company	
633 5w 112 pl. Address	
Miami, Fl., 33173 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (786) 400 - 0645 Area Code & Daytime Telephon	e Number
Enclosed is a check for the following amount:	
Certificate of Status 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

FILED

Ashbas Sacrie	2011 開新 34	
Name of the Limited Liability Compan	y as it now appears on our records: Che TARY OF STATE ability Company) ALLAHASSEE, FLORIDA	
(A Florida Limited Li	ability Company) TACCAMASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company	were filed on April 2010 and assigned	
Florida document number <u>L 10000085524</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Ashbee Resuty The new name must be distinguishable and end with the words "Limite	LLC	
The new name must be distinguishable and end with the words "Limito" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	9100 S. Dadeland Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Mismi, Fl. 33156	
	Suite 1500	
Enter new mailing address, if applicable:	Same as above	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here	ce address on our records, enter the name of the new	
· .		
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, 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 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 Title Name **Address Type of Action** ☐ Add ☐ Remove ☐ Add Remove ______ Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Menendez
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00