## 110000085524

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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B. BOSTICK
UUL 11 2011

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Ash	bee Realty	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Raul Armengol	
		Name of Person	
		Ashbee Realty , LLC.	
		Firm/Company	
		6331 SW 112 ST	
		Address	
		Miami , Fla. 33173	
		City/State and Zip Code	
		Ilarmengol@gmail.com to be used for future annual report notificat	ion) Py =
		•	
For further information	concerning this matter, please	call:	00 B
R	aul Armengol	a.(	78-8742 Fig. 2
Name	of Person	Area Code & Daytime T	78-8742 Elephone Number
Enclosed is a check for	the following amount:		7
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

	Ashbee Realty , LLC.		
( <u>Name of the Limite</u> (	d Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.	
The Articles of Organization for this Limited I Florida document number L 1000008	• •	May 31, 2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		Pr F
(Principal office address MUST BE A STRE	ET ADDRESS)	1 MAR - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0/3 o T
			FIG 70 11
Enter new mailing address, if applicable:			7: 17
(Mailing address MAY BE A POST OFFICE	<u> </u>		<b>D</b>
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	our records, enter t	he name of the new
Name of New Registered Agent:	Raul Armengol		
New Registered Office Address:	6350 SW 4 ST		
		nter Florida street add	
	Miami	, Florida	33144 Zin Code
	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

	Name	Address	Type of Action
			Add Remove
			Add
			Add
			Remove
<del></del>	<del></del>		Add Remove
<del></del>			Add Remove
			Add
amend	ing any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
		AHA SS	
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	Mal	ber or anthorized representative of a member	
	_	nence of a large of signee	

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Filing Fee: \$25.00