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SLUNLY SEE, FLORIDA

THE SECRET STATE

B. BOSTICK
SEP 7 2011

EVAMINER

COVER LETTER

' Negistration Sec ' Division of Corp					
SUBJECT:	ASI	Dealty LLC			
	Name of Limi	Deulty LLC ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		;	
Please return all correspon	ndence concerning this matter	to the following:			
	Δ	Name of Person			
		Firm/Company		-	
	<u>1101 BR</u>	ickel Ave Svite (002-5	-	
				11 SEP SEGINE TALLAND	CAN FOR THE
		City/State and Zip Code		1	SALURAN.
		asiword financial to be used for future annual report notificati		6 PH 4: 42 SEEL FLORIDA	
For further information co	ncerning this matter, please c	all:		#: 42	
ARTHUR	Kulick		302		
Name of	Person	Area Code & Daytime Te	elephone Numbe	r	
Enclosed is a check for the	e following amount:		•		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	losed)
MAILI	NG ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASI RE	EALTY, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now app lited Liability Compan	ears on our reco	ords.)	· ·
(,,			
The Articles of Organization for this Limited Liability Com	npany were filed on _	03/07/2	2011	_ and assigned
Florida document number <u>L11000028239</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company	here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Cor	mpany," the desig	nation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>5S)</u>		AS:	
			27	
			300	C)
Enter new mailing address, if applicable:			ارت ایتا ب	
(Mailing address MAY BE A POST OFFICE BOX)			173	- set by L
			RION PION	ప్
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		n our records,	enter the	name of the ne
Name of New Registered Agent:				-
New Registered Office Address:				
		Enter Florida st	reet addres	S
	, 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 ameading 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 **Type of Action** Title Name Address ' Brickell Ave MGR 1101 ☑Ádd Remove 🔲 Add Remove ☐ Add Remove Add Remove \Box Add Remove 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 ARTHUR Kulick

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee