

L1100014386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

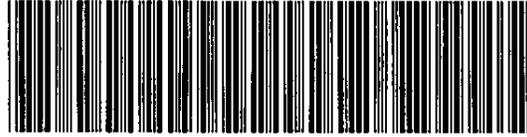
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING OFFICE
MILWAUKEE, WISCONSIN

FEB 24 2015

J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Asian Specialty Products LLC
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:

Stanley LaFary
Name of Person
Asian Specialty Products LLC
Firm/Company
3267 SE Federal Hwy.
Address
Stuart, FL 34997
City/State and Zip Code
stan@asianspecialtyproducts.com
E-mail address: (to be used for future annual report notification)

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2016 FEB 18 PM 4:47
TALLAHASSEE, FLORIDA
STATE SECRETARY OF STATE

For further information concerning this matter, please call:

Stanley LaFary at (**772**) **463-7545**
Name of Person Area Code Daytime 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 (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**

Asian Specialty Products LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/27/2011 and assigned Florida document number L11000143861.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

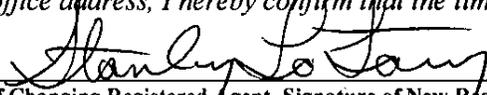
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Stanley LaFary

New Registered Office Address: _____
Enter Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stanley LaFary	3267 SE Federal Hwy. Stuart, FL 34997	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	LiPing Fang	3267 SE Federal Hwy. Stuart, FL 34997	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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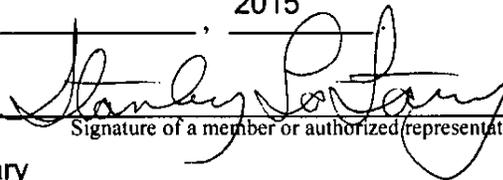
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 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 11/19/08 BY 60322 UCBAW/STP/STP

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/01/15, 2015



Signature of a member or authorized representative of a member

Stanley LaFary

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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2015 FEB 18 PM 4:47
FLORIDA DEPARTMENT OF STATE
ALL CHANGES FILED