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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 1 6 2020 S. YOUNG



## **COVER LETTER**

A & S GR	OUP INVESTMENTS LLC		
•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN CAMACHO		
		Name of Person	
	A'S GOURMET DESSER'	TS & PASTRIES LLC	
		Firm/Company	ytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy
	19224 SW 92ND RD		
		Address	
	MIAMI, FL 33157		
	A.GOURMET@GMAIL.C	City/State and Zip Code	
	<del>-</del>	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
JUAN CAMACHO		786 8034560 at ( )	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

TO:

Registration Section **Division of Corporations** 

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than a effective date is listed, the date is listed, the date in corted in the	t <b>the date of filing</b> e must be specific and	Y •	date of filing or me	option (option	nal)
ce. If the date discreti in th	их отоск посу пост	icci the applicab	le statutory filing	requirements, this	late will not be listed :
rument's effective date on the	he Department of S	tate's records.			
cord specifies a delayed effi s filed.	ective date, but not	an effective time	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
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JULY 01		2020			
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Typed or printed name of signee