# 212000112793

(Re	equestor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	:
NOT Avail	





800281508058

02/05/16--01009--017 \*\*25.00

SLUCTARY OF STAIL ALLAHASSEE, FLORID:

10 (18K | / Ph 3: 53

K.SALY EXAMINER MAR 18



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2016

SHEREZAD RODRIGUEZ 3035 SW 27TH TERRACE MIAMI, FL 33137

SUBJECT: A & S INTERNATIONAL, LLC

Ref. Number: L12000112793

2016 HAR 17 PM 12: 09

We have received your document for A & S INTERNATIONAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000147131 "S AND R CONSULTING, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 216A00002679

# **COVER LETTER**

Division of Corpor		•	
SUBJECT: A	5 Tntern	citional LCC ed Liability Company	<del></del>
	Name of Limit	ed Liability Company	
		·	
The enclosed Articles of Am	endment and fee(s) are subm	uitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	·
	Sherezo	id Rodri quez	. ·
		Name of Person	
	·		
		Firm/Company	
			•
	<u>3035 50</u>	U 27th Terrac	<u>e</u>
		Address	
	- diami;	FL 33137	·
		City/State and Zip Code	<u> </u>
-	Sherezadero( E-mail address: (to	tri quezeno mo be used for future annual report notifica	il con
For further information conc	erning this matter, please call	<b>1.</b> :	
Sherezode Name of Pe	Rodrique 7	at (786) 728 1 Area Code Daytime Te	22
Enclosed is a check for the fo	ollowing amount:		
	_	<b>5</b>	<b>7 6</b> 6 6 7 7 11 7
\$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

Oi	F.	WIEMAR - L
(Name of the Limited Liability Compar (A Florida Limited L	ti Mal LCC  y as it now appears on our records iability Company)	TALLAMASSEE FIGHTS
The Articles of Organization for this Limited Liability Company value of Organization for this Limited for Organization for the Organization for this Limited for this Limited for the Organization for the Organization for the Organization for the Organization for this Limited for the Organization for the Orga	were filed on 111912	and assigned
A. If amending name, enter the new name of the limited liabilities.  The new name must be distinguishable and contain the words "Limited Liabilities."	avacate, L	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u> )	3035 SW 27 Miami, FL 3	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3035 SW 2 Miami, FL	7 Terrace, 33137
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	rida
	. P10	a rum

# 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
Mngr	Silveris, Adrian A.	8100 Geneva Ct Apt 343	□ Add
		Hiami FL 83166	<b>☑</b> Remove
			☐ Change
Mngr	Prodriquez, Sherezade	3035 Sw 27 Terrace HIami FL 33137	
	·	Hiami FL 33137	□ Remove
		<u> </u>	
			D Add
			Remove
·	•		DEnange
			Add T
		الله الله الله الله الله الله الله الله	Remove
			္ ယ္ □ Çhange
			🗆 Add
			□ Remove
			Change
			□ Add
			□ Remove
			_□ Change

,	·	•	•	ì	•
	-				
	<del></del>		····		
					•
				<u> </u>	-2
				<del></del>	TO SEE SEE
``	<del></del>	<del></del>	<del></del>	<u> </u>	
					一 克克 二
					69
			<u></u>	`	The Control of the Co
	<u> </u>				
		· <del> </del>	·.	<u> </u>	
, , , , , , , , , , , , , , , , , , , ,				<u> </u>	•
	<del></del>			. <del></del>	
	<u></u>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
-					
		<del></del>	<del></del>	<del> </del>	<u> </u>
<del></del>	<u>-</u> -	· <del></del>		- <del> </del>	
4 *			•		
ective date, if other than the	e date of filing	g: 1/31	dota of filing on —om	(optio	onal)
te: If the date inserted in this b	lock does not n	neet the applicab			
cument's effective date on the I	Department of S	tate's records.			
record specifies a delaye	nd effective d	ate but not	an offective tim	no at 12:01 a	m on the carlier
he 90th day after the re-	cord is filed.	-	an eneçuve un	ie, at 12.01 a	.m. on the earner
· ·	10	0016			
ed January	·/	2016	$\dot{\odot}$		
	C, K		10		
	Signature of a r	nember or authori	zed representative of	a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00