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## COVER LETTER'

TO: Registration Section Division of Corporations	
SUBJECT: AS G CAR TAL PULS  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:	
ARTUR KASIMATI Name of Person	
AR G CAPITAL PLUS Firm/Company	
STOT KILLARNEY WAY	
TALLAHASSEE, FL 32309 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cevico Ricori at (850) 668 - 1138  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fcc \$\Bigcup \\$30.00 Filing Fcc \& \Certificate of Status \$\Certificate of Status \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certificate of Status \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certificate of Status \\ (additional copy is enclosed) \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \Certificate of Status \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \\ (additional copy is enclosed) \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \\ (additional copy is enclosed) \\ (additional copy	lus &

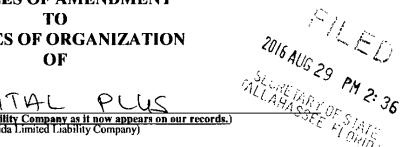
AILING ADDRESS:

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



Liability Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/23/2012 and assigned Florida document number 4/2000/35058 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address . Florida

## 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

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
M'R	JOHN	<u>LEYI</u> NS	10964	REGIMENT	LOOPOAdd
		F	ALLAHAS	SEE <sub>1</sub> FL 3230	Remove
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. İfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	DIE NO 29
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(If an e	effective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	August 26th , 2016.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00