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## **COVER LETTER**

TO: Registration Sec Division of Corp		_	
Division of Corporations  SUBJECT: ASD Suffaces Liability Company  The enclosed Articles of Amendment and Rec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Name of Person   Name of Person			
The enclosed Articles of a	Amendment and fee(s) are sub	united for filing.	
Please return all correspon	xlence concerning this matter	to the following:	
	Nina	7000	<u> </u>
	ASD Sur	lines	<del></del>
	531 US	Hwy 1	<u> </u>
	North F	alm Beach &	9 3340f.
	NINA @ P	ASDSULFACES.	COM.
For further information co.	acerning this matter, please ca	ali:	
MING WASSE	W movin	at (561) 348 ( Area Codo Daysine	0859. Telephone Number
Enclosed is a cheak for the	following anyonat:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Capy (additional copy is enclosed)	D \$60.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahossec, FL 32314

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

2016 OCT 14 AM 11: 25
TALLAHASSEE, FLORING

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 12.31.2012 and assigned Florida document number 11200016217) 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mulling address MAY BB 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 have: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Clly 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

Page 1 of 3



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> Name Address Type of Action Farmois and Companying MOR ☐ Change D Add □ Remove \_ Change □ Remove [] Change □ Add 🔾 .□ Remove □ Change D Add □ Remove □ Change D Add ☐ Remove Cl Change



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Dated _	a-6.16.	
	100 - 11200000	
	Signature of a member or authorized representative of a member	

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Piling Fee: \$25.00