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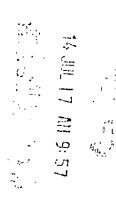
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Ashle	y Molyneaux,	LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ashley Hale	у	
		Name of Person	
	Ashley Hale	y, LLC	
		Firm/Company	
	1638 Prospe	ect Ave.	
		Address	
	Orlando, FL	32814	
		City/State and Zip Code	
	bskfinancial@aol	.COM to be used for future annual report notific	ntion)
For further information co	oncerning this matter, please ca	•	atum
	-	0.40	70
	Skerkowski	at (813), 758-22	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)

١.

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

Ashley Molyneaux, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000001987</u>	were filed on 01/04/2013	and as	signed	l
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Ashley Haley, LLC				
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "	L.L.C.	•
Enter new principal offices address, if applicable:	1638 Prospect Ave.			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32814			
Enter new mailing address, if applicable:	1638 Prospect Ave.			
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32814			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name	of th	ie new
Name of New Registered Agent:				—
New Registered Office Address:		<u> </u>	三	
	Enter Florida street address	:	17	- 4
	Florida	Zip Code	200	· · · cte ·
New Registered Agent's Signature, if changing Registered Agent:	· •	zip cone	9	
				•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am f provided for in Chapter 605, F.S. Or,	amiliar w if this doc	ith an zumen	d

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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:

<u> Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Remove
			-
***			□ Add
			□ Remove
			Add
			☐ Remove
			· · · · · · · · · · · · · · · · · · ·
			□ Add
			□ Remove

<u></u>	•
he effective date must	other than the date of filing:
The effective date must the date this document	t be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must the date this document	at be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after t is filed by the Florida Department of State) 2014
(The effective date must the date this document Dated July 2	It be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after t is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00