

L13 0000035629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500246232465

10 Agency Use  
SUFFICIENTLY OF FILING

2013 MAR 29 PM 4:27

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2013 MAR 29 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouligan APR - 1 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 578596 7928349  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : March 21, 2013  
ORDER TIME : 1:16 PM  
ORDER NO. : 578596-011  
CUSTOMER NO: 7928349

DOMESTIC AMENDMENT FILING

NAME: ASF DIVE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED

2013 MAR 29 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ASF DIVE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/08/2013 and assigned  
Florida document number L13000035629

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 end with 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:

(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

City

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MCRM = Managing Member

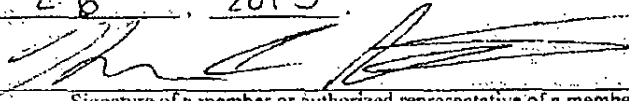
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JON FLATT	1996 SOUTHEAST 14TH COURT	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33035	<input type="checkbox"/> Remove
MGRM	KELAN SCOTT	1996 SOUTHEAST 14TH COURT	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33035	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

Dated

MARCH 26<sup>TH</sup> 2013



Signature of a member or authorized representative of a member

KELAN SCOTT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

PAID

FILED

2013 MAR 29 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA