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AUG 04 2018 S. YOUNG

COVER LETTER

Division of Cor				
	TERNATIONAL CONSTRUC	TION, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FARUK CERCER			
		Name of Person		
		Firm/Company		
322 MIRACLE STRIP PKWY		- A	74. 6 194. €	
		Address		
FORT WALTON BEACH, FL 32548			UL 27 A	
		City/State and Zip Code		元 是 〔
	taylan.ocal@asfagroup.com	n to be used for future annual report notifi		AH II: 18
For further information of	e-mail address: (cauon)	DA
FARUK CERCER		786 278-2893		
Name o	of Person	at ()	Telephone Number	_
Enclosed is a check for t	he 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 F Certificate of Certified Copy (additional copy i	Status &
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYA INTERNATIONAL CONSTRUCTION, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number 1.13000043431	were filed on MARCH 21, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
ASFA INTERNATIONAL CONSTRUCTION INDUSTRY AND TR	ADE, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
		1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED JUL 27 AH II CK. I ANSEE, FLO
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>ento</u> :	er the mamecof the new
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 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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 days afte	i onal) r filing.) Pursuant to 60:	5.0207 (
Note: If the date inserted in this block does not meet the applicable state on the Department of State's records.	atutory filing requirements, thi	is date will not be list	led as t
pretiment seriective date on the Department of the Steemen.			
ne record specifies a delayed effective date, but not an	effective time, at 12:01	a.m. on the earli	ier of
The 90th day after the record is filed.			
7/21/10/8			
Detail 1// ULTEN X			
Dated 7/24/2018			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00