

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corpora	ations
	Fax Number : (3	850)617-6383
rom:		
	Account Name : B	EST PRO SERVICES INC
	Account Number : I	20140000068
	Phone : (`	727)504-1870
	Fax Number + : (727)683-9500

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 4help123@gmail.com



Corporate Filing Menu Electronic Filing MenuHelp

COVER LETTER

TO: Registration Section Division of Corporations

ASABISTA LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed	Articles of	`Amendment a	and fee(s) are	submitted for filing.
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Please return all correspondence concerning this matter to the following:

Tabunou, Maksim

Name of Person

ASABISTA LLC

Firm/Company

2570 NE 209th Terrace

Address

Miami, FL 33180

City/State and Zip Code

4help123@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASABISTA LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (Λ Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/19/2013 ______ and assigned Florida document number L13000088669 ______.

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: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet addr	P ((
	, F	lorida Zip Codz

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

To: Page 5 of 6 '

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
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		TALLINN 11912, ESTONIA XX	Remove
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D.	If amending any other information	enter change(s) here:	Attach additional sheets,	if necessary.)
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Filing Fee: \$25.00