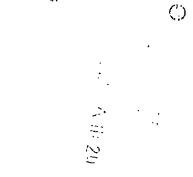
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COVER LETTER

TO:	Registration Secti Division of Corpo					
SUBJEC	CT:	Asa	bista	LLC		
7		Name of Lim	ited Liability Company			
The encl	losed Articles of Art	nendment and fee(s) are sub-	mitted for filing.			
Please ro	eturn all correspond	ence concerning this matter	to the following: "	•		
		H.	Name of Person	riquez		
		<u> </u>	Sabista Firm/Company	LLC		
		19201 G	Mins Ave	-, Apt	131-d	
. ;		Sunny Is asabis E-mail address: (1	City/State and Zip Cool Cool Cool Cool Cool Cool Cool Cool	amail.	<u>3316</u> 0	
For furth	er information conc	erning this matter, please ca	 ill:		<u>:</u>)	
Hug	o Rodeie Name of Po	Juez Jon	at (702) Area Code	EY6 69	5 1 4 . hone Number	()
Cualacad	is a shoot farther				23	
	is a check for the f	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fed Certified Copy (additional copy is e	·	\$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclose	
·]	Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Regis Divisi The C 2415 I	Address: tration Section on of Corporati entre of Tallaha N. Monroe Stre lassee, FL 3230	issee et, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

ANDISTA

(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our uability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 13 00 00 88</u>	oility Company (were filed on $O(1)$	3/201	3 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabil	lity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the designation	"LLC" or the ab	obreviation "L.L.C"
Enter new principal offices address, if applicab	le:	19201 coll 131-0, su	ins a	ue, aft
(Principal office address MUST BE A STREET)	<u>4DDRESS)</u>	131-D, Su FL 33160	nny is	les Beach,
Enter new mailing address, if applicable:		<u> 1320)</u> (e llins	Avenue
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	Apt 131-1 BEACH, FL	D, Sur	iny Isles
		BEACH, +L	531/6	<u>. (1)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address h	iere:			
Name of New Registered Agent:	Hug o	RODVigu	e2	
New Registered Office Address:	107	overloo K	DY.	
V	Vinter	Enter Florida street of	<i>ddress</i> Florida	33 88 Y
Now Desire 14 of Ct		City	_,	Zip Coxle

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.

Hugo Rodliguez

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>AMBR</u>	TabunosMaksim	-	2570 NE 209th terrace Minni, Fl 33180	□Add
				Memove
				□Change
AMBR	<u>Rodriguez</u> , Hugo	-	107 overlook drive	MAdd
			Winter Haven, FL 33884	□Remove
				□Change
		-		□ Add
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