# L13000153391

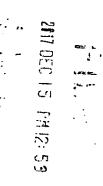
(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Se Division of Cor	ection porations		
	Y USA, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following:	
	SHAWNA MOLNAR		
		Name of Person	
	ASSEMBLY USA, LLC		
		Firm/Company	
	1800 N EAST AVE, UNIT	102	
		Address	
	SARASOTA, FL 34234		
		City/State and Zip Code	
	SHAWNA@VISTASYSTE	M.COM to be used for future annual report notific	estion)
		·	calony
For further information of	concerning this matter, please co	all:	
SHAWNA MOLNAR		941 365-4646 X	308
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
<b>⊞</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

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



November 16, 2017

SHAWNA MOLNAR 1800 N EAST AVE, UNIT 102 SARASOTA, FL 34234

SUBJECT: ASSEMBLY USA, LLC Ref. Number: L13000153391

We have received your document for ASSEMBLY USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00023281

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSEMBLY USA, LLC (Name of the Limits	d Liability Company as it now appear A Florida Limited Liability Company)	n on our records.)		
he Articles of Organization for this Limited Li- lorida document number L13000153391			and as	signed
his amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :		
			hreviation "I	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation are of the of	, ==0	
nter new principal offices address, if applic	able:		. 17	4 4
Principal office address MUST BE A STREE		<u> </u>	· <u>[7]</u>	
(MCIPAL O) ILE PALLED			<del>,</del>	*_ h**
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			. <u> </u>	
nter new malling address, if applicable:			ري دي	
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	•	<u> </u>	
3. If amending the registered agent and egistered agent and egistered agent and/or the new registered of	or registered office address of office address of office address here:	on our records, <u>ente</u>	the nam	e of the
Name of New Registered Agent:	ARON GOLAN			
<del></del>	476 BELMIST CT			
New Registered Office Address:	Enter F	lorida street address		
	DUNEDITN	, Florida <sup>3</sup>	4698	
	City	<u> </u>	Zip Сос	de

# 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AMNON ESCHEL	300 HILLTOP AVE	Add
		CLEARWATER, FL 33755	■ Remove
			☐ Change
MGRM	ARON GOLAN	476 BELMIST CT	
		DUNEDIN, FL 34698	Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			Di-Add
			Ci □ Remove
			Change
			Remove
			☐ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	NOVEMBER 1, 2017 (ontional)
Effective	date, if other than the date of filing: dete of filing or more than 90 days after filing.) Pursuant to 605
(II an enecu	lve date is listed, the date must be specific and cannot be prior to date of fitting of mare data. This date will not be listed the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
Note: 15	i's effective date on the Department of State's fection.
Note: If document	
document	
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Filing Fee: \$25.00