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SECRETARY OF STATE AULAHASSEE, FLORIOA

JUL 1 1 2016 S. YOUNG

COVER LETTER

TO: Registration So Division of Cor		٠			
ASI Realty SUBJECT:	World LLC	·			
30b0EC1,	Name of Lim	ited Liability Company	· · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
·			,		
		Name of Person	···		
	ASI Family Office				
		Firm/Company			 1
	801 Brickell Avenue Suite	918	1	16 J	SECR
		Address		ر - عال	HAZ.
	Miami, FL 33131			-8 A	RY O
	info@asifo.com	City/State and Zip Code		AM 11: 49	FLORID
	•	to be used for future annual report notific	cation)	2	D F
For further information of	oncerning this matter, please c	all:			
Carolina		305 7896659			
Name o	f Person		l'elephone 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 Fe Certificate of St Certified Copy (additional copy is	tatus &	

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

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

ASI Realty World LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/27/2013	and assigned
Florida document number L13000177500		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
New Heights Realty LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		A E
		<u></u>
		1 82T
		8 37 F
Enter new mailing address, if applicable:		<u>국 무</u> 유다
Mailing address MAY BE A POST OFFICE BOX)		= 5
		15 SH
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	•
	, Florid	2
	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 = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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<u>lote:</u> If th	ie date inserted in s effective date o	n this block doe	es not me	et the appli	cable statute	ory filing re	quirements, th	is date will n	ot be lis	ted a
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ated	JULY	1 st	·;	201	<u>6</u>	_				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00