1140000 17925

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000335127320

10/14/19--01010--025 **25.00

R WHITE OCT 3 2019

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		AS HOLDINGS, LLC		
3000001.	·	Name of Lim	nited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		GARY PETE HARRIS		
			Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: GARY PETE HARRIS Name of Person INTERNATIONAL TAX & CORPORATION SERVICES Firm/Company 5654 MARQUESAS CIRCLE Address SARASOTA, FL 34233 City/State and Zip Code ADMIN@FLIGUSA.COM E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: CHARRIS Name of Person Area Code Daytime Telephone Number check for the following amount:			
Firm/Company				
		5654 MARQUESAS CIRO	CLE	
			Address	
		SARASOTA, FL 34233		
			City/State and Zip Code	
		ADMIN@FLIGUSA.COM		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	iformation co	ncerning this matter, please co	all:	
GARY PETI	E HARRIS		7	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

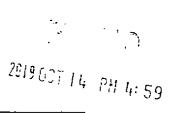
Registration Section

TO:

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



MARQUESAS HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I Florida document number L14000017925	Liability Company	were filed on 01/51	72014	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abb	reviation "L.IC."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		· -
(Mailing address MAY BE A POST OFFICE	F ROY)		 .	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	ffice address on or e:	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida	street address	
	N/A	City	, Florida	20.0.1.
New Registered Agent's Signature, if changing	Registered Agent	Ciţv		г.р Соае
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agro oer and complete istered agent as p registered office	performance of my provided for in Cha	duties, and I am fai pter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	GARY PETE HARRIS	5654 MARQUESAS CIRCLE SARASOTA, FL 34233	Add
			□ Remove
			☐ Change
AMBR	JIM TRIDER	5654 MARQUESAS CIRCLE SARASOTA, FL 34233	Add
			□ Remove
			Change
MGR	JOHNNY OGRODNIK		
			■ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□ Remove
			☐ Change

NONE				_
	_			
-				_
				
	<u> </u>			_
	·			
				_
				_
				_
		-		_
				_
				_
				_
Effective date, if other than the	st be specific and cannot be prior t	to date of tiling or more than	(optional) n 90 days after filing.) Pursuant to 6	505.0207 (3
Note: If the date inserted in this ble document's effective date on the De	epartment of State's records.	ioie statutory illing requi	rements, this date will not be it	isted as th
he record specifies a delayed The 90th day after the reco		an effective time,	at 12:01 a.m. on the ear	rlier of:
OCTOBER 11	2019			
	hai I an	la		
	Signature of a member or author	rigad ranguagatativa of a m	mbus.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00