

L14000 123 404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

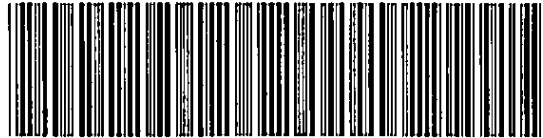
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/26/19--01031--014 \*\*25.00

2019 SEP 26 AM 11:19

FILED

C. GOLDEN

OCT 12 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASN ALL AMERICAN INTERNATIONAL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANA CARDEA

\_\_\_\_\_  
Name of Person

ZIMMERMAN & ASSOCIATES

\_\_\_\_\_  
Firm/Company

2400 E. COMMERCIAL BOULEVARD, SUITE 820

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33308

\_\_\_\_\_  
City/State and Zip Code

DANA@ZIMMERMANLAW.COM

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

For further information concerning this matter, please call:

DANA CARDEA

954 202-7440

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

...FD

ASN ALL AMERICAN INTERNATIONAL, LLC

— . . .

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Principal office address MUST BE A STREET ADDRESS)**

**(Mailing address MAY BE A POST OFFICE BOX)**

## Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**Florida**

Civ

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*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHAI ELMALIAH	2400 E. COMMERCIAL BLVD., #820	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANA CARDEA	2400 E. COMMERCIAL BLVD., #820	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated SEPTEMBER 24 2019

*David Christ*  
Signature of a member or authorized representative of the organization

Signature of a member or authorized representative of a member

TARA CHRISTIE

Typed or printed name of signee