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COVER LETTER

ro:	Registration Se Division of Cor			
SUBJE		AMERICAN INTERNATION	AL, LLC	
SUBIL	;C1:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DANA CARDEA		
			Name of Person	
		ZIMMERMAN & ASSOC	TATES	
			Firm/Company	<u> </u>
		2400 E. COMMERCIAL I	BOULEVARD, SUITE 820	
			Address	
		FORT LAUDERDALE, F	L 33308	
		DANA@ZIMMERMANL/	City/State and Zip Code AW.COM	
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please co	all:	
DANA	CARDEA		954 202-7440 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
a \$2:	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SFP 26 AM 11: 19

ASN ALL AMERICAN INTERNATIONAL, LLC	2013 25 1, 50 MILLS 13
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/06/2014}{\text{Elorida document number}}$.	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	ds, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street addr	arc c
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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.

City

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
MGR	SHALELMALIAH	2400 E. COMMERCIAL BLVD., #820	Add
		FORT LAUDERDALE, FL 33308	☐ Remove
			☐ Change
MGR	DANA CARDEA	2400 E. COMMERCIAL BLVD., #820	□ Add
		FORT LAUDERDALE, FL 33308	Remove
			Change
			
			□ Remove
			🗖 Change
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n effective date is listed, the date must ste: If the date inserted in this bloc cument's effective date on the De	partment of State's recor			
ite: If the date inserted in this block	effective date, but		e, at 12:01 a.m. on	the earlier of
record specifies a delayed The 90th day after the record	effective date, but		e, at 12:01 a.m. on	the earlier of
record specifies a delayed. The Potential September 1997 The Potential Sep	effective date, but rd is filed.			the earlier of

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Filing Fee: \$25.00