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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	gistration Security					
CUBIECT.	A&S Mark	keting LLC				
SUBJECT:	·	Name of Lim	nited Liability Company		-	
		mendment and fee(s) are sub	_			
Please retur	n all correspon	dence concerning this matter	to the following:			
		Beverly J. Williams				
		· · · · · · · · · · · · · · · · · · ·	Name of Person		-	
		A&S Marketing LLC				
			Firm/Company		_	
		2212 4th Ave. East				
			Address			
		Palmetto,Fla 34221			2015	,
		avajune1015@gmail	City/State and Zip Code		FEB AH.	13.18234 0.48244 0.48244
		E-mail address: (to be used for future annual repor	1 notification)	3388 3388 1 6 1	Ü
For further	information coi	ncerning this matter, please ca	all:			
Beverly	J. Williams		941 713-4 at ()	144	4: 20 STATE ORIBA	G.,
	Name of I	Person	Area Code D	aytime Telephone Numb	eer	
Enclosed is	a check for the	following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy hal 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

A&S MarketingLLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Life Included Life Include	iability Company	were filed on 11-17-2014	and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	2212 4th ave East		
(Principal office address MUST BE A STREET ADDRESS)		Palmetto,Fla 34221		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	2212 4th ave East Palmetto,Fla 34221		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	-		enter the name of the new	
New Registered Office Address:	2212 4th av	∕e East	88.79 8.79 8.79	
New Registered Office Address:		Enter Florida street address	E E	
	Palmetto	, Flor	ida 34221	
		City	ZiprGode	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	Name	Address	Type of Action
	 	***************************************	□ Add
			□ Remove
			□ Remove
			Add □ Remove
			
			Pamove FEB 19 GRAD TARY OF THE BIRD T
			SEE FLORID Remove
			□ Remove

amending any other information, enter change(s) here	: (Attach additional sheets, if necessary
,	
	·····
ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or file ne date this document is filed by the Florida Department of State)	ed date and cannot be more than 90 days after
ated <u>2-15-15</u> ,	_ ·
Benny William	rized representative of a member
· · · · · · ·	rized representative of a member
Beverly J.Williams	I name of signee
Typed or printed	THATTE OF SIGNED

Page 3 of 3

Filing Fee: \$25.00

