# L14000 159328

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# **COVER LETTER**

TO:	Registration Section Division of Corporations	•		· 🛊 😅 🍍	,	
SUBJ	ECT: Ashworth	Constru Name of Limited	CFON, LL Liability Company	<u>C</u>	<del></del>	
The er	nclosed Articles of Amendment at	d fee(s) are submitte	ed for filing.			
Please	return all correspondence concer	ning this matter to th	he following:			
	_Da	niel K. I	Name of Person			
	Asi	worth Al	r	ce Grap	, LLC	
	213	50 Our Ro	Address			<b>- F</b> 97
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	Dan	Fmail address: (to be	e used for future annua	al report notification	)	PA TO
For fu	rther information concerning this	matter, please call:				2: 08 2: 08
<u> </u>	Name of Person		at ( <u>937</u> ) Area Code	<u>481 - 0945</u> Daytime Telepl		
Enclos	sed is a check for the following ar	nount:				
<b>E</b> \$2		iling Fee & Eate of Status	\$55.00 Filing Fee Certified Copy (additional copy is e	•	\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	

### 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

Ashworth Cons	truction, LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (	Company were filed on OCT	1. 13, 2014 and assigned
Florida document number <u>L14000159328</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Ashworth Maintenance The new name must be distinguishable and contain the words "Lin	e Group, LLC	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	-1
		30 57
		5 Ender
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		2.
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	B. El el	
	Enter Florida stre	ei address
	City	, Florida Zip Code
	Cuy	zip couc

### 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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