L14000189835

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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(Do	cument Number)	
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SECRETARY OF STATE

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T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

NIBIRCT. Asmundo Services, 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:

James Asmundo

Name of Person

Asmundo Services, LLC

Firm/Company

2118 W Hanna Avenue

Address

Tampa, FL 33604

City/State and Zip Code

Jamesasmundo@gmail.com

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

For further information concerning this matter, please call:

James Asmundo

*",*813,440-8803

Name of Person

Area Code

Daytime Telephone Number

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)

□ \$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

0	The first the first that the first t
Assessed Carriers	SER OF T
Asmundo Services	
(Name of the Limited Liability Compa (A Florida Limited I	were filed on December 12, 2014 Sand assigned
	PATE 27
The Articles of Organization for this Limited Liability Company	were filed on December 12, 2014 and assigned
Florida document number L14000189835	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	llity 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 applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2118 W Hanna Avenue
	Tampa, FL 33604
Enter new mailing address, if applicable:	2118 W Hanna Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33604
(Matting quaress MAT BE A FOST OFFICE BOX)	rumpa, r z 0000+
7. 16. 1. 1. 1. 1. 1. 1.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
registered agent and/or the new registered office address here	<u>:</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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

Florida

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

AMBR = A	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			☐ Remove
			□ Add
			TALLAHASTEE MANATER Remove
			Bydd ?
			ORIDE 26 PRemove
			Add
			□ Remove
	-		
			☐ Remove

The Street address of the princ	The Street address of the principal office is; 2118 W Hanna Ave, Tampa FI 33604		
Article III			
The mailing address of LLC or	company is; 2118 W Hanna Ave, Tampa Fl 33604		
The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart Dated 2 - 22.	o date of receipt or filed date and cannot be more than 90 days after timent of State)		
1-6	of a member or authorized representative of a member		
1-6	of a member or authorized representative of a member James Asmundo Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00