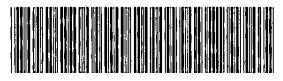
## 15000 10032

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	_=

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## **COVER LETTER**

TO: Registration S Division of Co		·	
Ashton Hw	yy 15, LLC		
30bJEC1.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheryl Schoolfield		
		Name of Person	
	101 Park Place Blvd. Suite	Firm/Company	
	Kissimmee, FL 34741	Address	
	sheran@schoolfieldproperti		
		to be used for future annual report notif	fication)
For further information of the Cheryl Schoolfield	concerning this matter, please co	ali: 407 8473099	
	of Person		e Telephone Number
Enclosed is a check for t	he 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 OF

Asthon Hwy 15, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on January 16, 2015	and assigned
Florida document number 1.15000010032		
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 "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRES.	<u>s,                                      </u>	
		<u>","                                    </u>
		FEB =
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		i i m
		<u> </u>
		• 0
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code

## 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Leeds	101 Park Place Blvd. Suite 3 Kissimmee, FL 34741	
			☐ Remove
			Change
	<del></del>		Add
			□ Remove
			Change
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	<del>.</del> .
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`an ef <mark>Vote:</mark>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
	February 18 2019.
ated	
Dated	Signature of a member or humorized representative of a member

Page 3 of 3

Filing Fee: \$25.00