L180000 79179

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Do	ocument Number)		
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COVER LETTER

	Registration S Division of Co			
CUD ICA		SIGN LLC		
SUBJEC	51:	Name of Lim	ited Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	condence concerning this matter	to the following:	
		PAUL PALMER, ESQ.		
			Name of Person	
		PALMER, PALMER & M	IANGIERO	
•			Firm/Company	
		12790 SOUTH DIXIE HIG	GHWAY	
			Address	
		MIAMI, FL 33156		
			City/State and Zip Code	
		PAUL@PPMPALAW.CO	М	
		E-mail address: (to be used for future annual report	notification)
For furth	er information	concerning this matter, please c	all:	
PAUL PALMER		305 378-001	1	
	Name	of Person		lytime Telephone Number
Enclosed	l 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)
ı	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASG DESIGN LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Comparation for the Liability Comparation document number L15000079139	ny were filed on May 5, 2015	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
ASG INTERIOR DESIGN LLC		
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		er the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	ASST A
	, Florida _	Zin Code
New Registered Agent's Signature, if changing Registered Ager		20

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>	Name	Address	Type of Action	
		 	Add	
			☐ Remove	
			☐ Change	
	<u> </u>		□ Add	
			Remove	
			□ Change	
			Add	
			☐ Remove	
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0207 (3)(b)	7: Pursuant to 605. Vill not be liste	(optional) 0 days after filing.) ments, this date v	or more than 9 gail Frings tequitions	he applicable statut	apecific and cann does not meet t	ted, the date must be erted in this block	Effective date, if of (If an effective date is lis <u>Mote:</u> If the date ins document's effective	•5
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Page 3 of 3 Filing Fee: \$25.00

Typed or printed name of signee