L15000084792

(Re	questor's Name)	
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COVER LETTER

FO: Registration Section Division of Corporations	•
	a file was the
SUBJECT: ASECO LL	
Name of L	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
Tarca	Palnon
	Name of Person
JAS	<u> 20 UC </u>
	Firm/Company
918 Mac	in Circle
	Address
	F()2/1/F(/
lopiter	FL 33458 City/State and Zip Code
E-mail address	nera Yahoo com s: (to be used for future annual report notification)
	v
For further information concerning this matter, please	e can.
Jesse Bedner	ur <u>(561) 436-2053</u>
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(auditional copy is dictiosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JASECO L	LC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>\$</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 15000084792</u> .	were filed on May 13, 2	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	918 Marlin (ircle			
(Principal office address MUST BE A STREET ADDRESS)	Jupiter FL :	3 <i>3458</i>			
	OK Madia C:				
Enter new mailing address, if applicable:	918 Marlin (i) Jonker FL 3	2/10/2 = ==================================			
(Mailing address MAY BE A POST OFFICE BOX)	Jopater 12 5	2429 6			
	· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u> AM	the name of the new_register			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flo	orida			
New Registered Agent's Signature, if changing Registered Agent:	•	zip Gina.			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fut performance of my duties, an provided for in Chapter 605, i	d I am familiar with and F.S. Or, if this document is			
If Char	nging Registered Agent, Signature o	f 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	Jesse Bedner	918 Marlin Cirle Jupitr, FL 33458	
		——————————————————————————————————————	□Remove
			□Change
MGR	Michael S Brown	PD BOX 1616 Bynton, FL	3345 ₀ 2499
	S	* deceased	☑ Remove
			□Change
			□Add
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lf an ei <u>Note:</u>	fective date is left the date in	other than the listed, the date me nserted in this b we date on the I	ist be specific a lock does not	nd cannot be meet the a	pplicable st	of filing or r atutory fili	nore than 90 c ng requireme	_ (optional) lays after filing ents, this date	.) Pursuant te	605.020° listed as
			•							
e reco rd is fi		delayed effecti	ve date, but n	ot an effect	ive time, at	12:01 a.m.	on the earli	er of: (b) Th	ie 90th day	after the
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Dated		Ma a	Signature of	a member of	authorized i	C O 5	e of a membe	<u>, l</u> .).	<u>U</u> rou	<u> </u>

Filing Fee: \$25.00