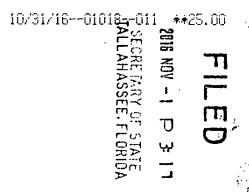
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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D. BRUCE NOV 0 2 2016

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CT:	ASLAN HO	LDING LLC ited Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		GAK	Name of Person		
		•	Firm/Company		
		6100	Hollywood & Address YWOOD FL 3: City/State and Zin Code	2VD Ste 50	5
		, ,	Address		
		Holly	rwood FL 3:	3024	
			City/State and Zip Code		
		E-mail address:	AOL, COM to be used for future annual report notif	ication)	
For fur	ther information co	ncerning this matter, please ca	all:	SEC ALL	
	OAR V	04to Person	at (954) 257- Area Code Daytime	7959 ARE NOV	
			•		
Enclose	ed is a check for the	following amount:		ORIG ORIG	O
□ \$2:	5.00 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 enclo	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ph

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

0/1)

TO ARTICLES OF ORGANIZATION OF

ASLAN GOLDING	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>L/6000014623</u>	
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	
Enter new principal offices address, if applicable:	6100 Hollywood BLVD #505 Hollywood, FL 33024
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, fl 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6100 HOLLYWOOD BLUD #505 HOLLYWOOD, FL 33024
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent: YARA New Registered Office Address: 6100	HOLLYWOOD BLUD FEST Enter Florida street address
Thew Registered Office Address.	Enter Florida street address
Loug	Enter Florida street address / WOOD , Florida 33024 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

MGR = M AMBR = A	lanager Authorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
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		Hollywood, Fl 33024	□ Remove
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or removed from our records:

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ffective date, if o	ther than the date of filing: $10-26$	-16 (0	ptional)
an effective date is his	ited, the date must be specific and cannot be prior to date of	of tiling or more than 90 days a	after filing.) Pursuant to 605.020
ote: If the date ins	erted in this block does not meet the applicable sta	tutory filing requirements,	this date will not be listed as
ocument's effective	e date on the Department of State's records.		
e record specifi	es a delayed effective date, but not an e	ffective time, at 12:0	1 a.m. on the earlier o
The 90th day a	fter the record is filed.	,	
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ata d	OctoBBR, 2016.		
ated	<u> </u>		
		<u> </u>	<u> </u>
		presentative of a member	
	Signature of a member or authorized re	presentative of a member	
	YARIN HADA	T	

Page 3 of 3

Filing Fee: \$25.00