LI6 0000 89678

		_
(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	<u> </u>
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bı	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

ASC Lende	er, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Dale Hersey		
		Name of Person	
	ASC Lender, LLC	Name of Ferri	
		Firm/Company	
	525 S Flagler Drive, STE	500	
		Address	
	West Palm Beach, Florida	33401	
	dhersey@asclender.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c		
Dale Hersey	meering and maker, please e	561 246-0017	
Date Hersey			
Name of	`Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee
Tallahassee, F	TL 04014	2410 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	ility Company as it now appears on our records.) ida Limited Liability Company)	
the Articles of Organization for this Limited Liability 1.16(XXXX)89678	Company were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
		2021
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADI</u>	DRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		9:51
		<u> </u>
3. If amending the registered agent and/or register agent and/or the new registered office address here		of the new regi
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 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>	<u>Address</u>	Type of Action
MGR	Phillip Ray	525 S Flagler Drive, STE 500	
			≣ Add
		West Palm Beach	
			Remove
		Florida 33401	
			Change
		-	
			Remove
			Remove
			Change
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			□Change

			
			
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ective date, if other than th	e date of filing:		_ (optional)
effective date is listed, the date m	ust be specific and cannot be prior to block does not meet the applicable	date of filing or more than 90 c	lays after filing.) Pursuant to 605.02
	Department of State's records.	·• ···································	
cord specifies a delayed effect filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after th
June 8	2021		
ed	·	. •	
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	1014-4	~	
	Signature of a member of authorize	ved representative of a membe	r