

FROM

(THU) JAN 5 2017 16:45/ST. 16:44/NO. 934818427 P 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000002342 3)))



H170000023423ABCT

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASRW INVESTMENTS, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

K. SALY

JAN -6 2017

FROM

(THU) JAN 5 2017 16:44/ST. 16:44/No. 8304818427 P 1



January 5, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ASRW INVESTMENTS, LLC
P.O. BOX 15145
PLANTATION, FL 33318US

SUBJECT: ASRW INVESTMENTS, LLC
REF: L16000136493

*1/5/17
Corrected
See attached*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000002342
Letter Number: 917A00000209

P.O BOX 6327 - Tallahassee, Florida 32314

FROM

(THU) JAN 5 2017 16:45/ST. 16:44/No. 8304818427 P 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ASRW INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 JAN -5 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 20, 2016 and assigned
Florida document number L16000136493.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change Ychuda Chelminsky from MGR to AMBR

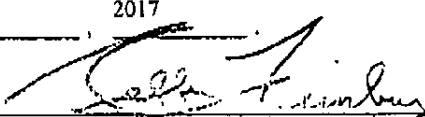
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TALLAHASSEE

E. Effective date, if other than the date of filing: January 1, 2017 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 3,

2017



Signature of a member or authorized representative of a member

Jeffrey Feinberg

Typed or printed name of signee

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Filing Fee: \$25.00

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