116000145385

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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AUG 3 0 2016 S. YOUNG

TALLAHASSEE, FLORIDA

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
SUBJE		dios of America, LLC		
CODJE		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Edwin Campos		
			Name of Person	
			Firm/Company	
		8401 SW 107th Ave Apt 3	49E	
			Address	5
		Miami, Fl 33173		cation)
			City/State and Zip Code	D 37
		ecampos37@hotmail.com	10.0	
For fur	ther information co	e-mail address: (to be used for future annual report notifi all:	Cation)
Alexar	ndro Madruga		305 4017293	
	Name of	`Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$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 enclosed)
	Registra	NG ADDRESS:	STREET/COURING Registration Section	l

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

Asylum Studios of America, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company via Florida document number <u>L16000145385</u> .	were filed on August 05, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Asylum Enterprises, LLC.		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	6187 NW 167th S	t Unit H-1
(Principal office address MUST BE A STREET ADDRESS)	Miani, Lakes, FL	33015
		古色
Enter new mailing address, if applicable:		15.00 ES
(Mailing address MAY BE A POST OFFICE BOX)		THE REPORT OF TH
Mudify didness MAT BE AT OST OFFICE BOX)		= = = =
	·	
B. If amending the registered agent and/or registered off	ice address on our records enter t	he name of the new
registered agent and/or the new registered office address here		are name or the new
Name of New Registered Agent:		
•		
New Registered Office Address:	Enter Florida street address	
	Enter Piorida 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

<u> </u>			
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			Change S
		Add Add PSTER OF DRIVE	
			□ Change
		Remove	
			Change
			Add
		Remove	
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			□ Add
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			□ Change

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	16 AUG 21)	
	6	HE
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	tional)	
Effective date, if other than the date of filing: (op fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affective date.		207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	nis date will not be listed	has the
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12:01	a m on the earlies	r of
The 90th day after the record is filed.	diffi of the carrie	
Dated		
Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	
Edwin Campos		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00