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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE	ECT:	ASE CONSULTING SERVICES	, L.E.C.	
		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		Samuel B, Re	iner, II, Name of Person	·
		Reiner & Reine	r, P.A. Firm/Company	
		One Datran Cente	r; 9100 South Dadeland Blvd. Address	, Suite 901
		Miami, FL 33156		PR-3
		E-mail address: (1	City/State and Zip Code m; eservice@reinerslaw.com to be used for future annual report notif	, Suite 901
For fur	ther information c	oncerning this matter, please ca		•
-	Name o	Diana Escobar, Paralega f Person	at (Telephone Number
Enclose	/ ed is a check for th	ne following amount:		
E \$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)
	Registr Divišio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661-Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASE CONSULTING SERVICES L C (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)	
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on01/05/2017	and assigned
Florida document number L17000004514		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		- 3
		P P
Enter new mailing address, if applicable:		S FROM
(Mailing address MAY BE A POST OFFICE BOX)		3 82
		13. E
•		6
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		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	
	, Flori	
	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

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	ARMANDO SUAREZ	c/o 9100 So. Dadeland Blvd., Suite 901	Add
		Miami, FL 33156	🖳 😡 Remove
			☐ Change
MGR	_EVARISTO_ASUAREZ	c/o 9100 So. Dadeland Blvd, Suite 901	Add 💂
		Miami, FL 33156	Remove -:
			Charge
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-	PH 2:38
(If an ef Note:	ive date, if other than the date of filing: 3017 (optional) fective 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)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
docum	ient's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3/30 2017
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00