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DIVISION OF CORPORATIONS

M. MILLIGAN OCT 12 2017.

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
end ir		nentcorp LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Anthony Simmons		
			Name of Person	
		ASJ INVESTMENTCORI	PLLC.	
		47	Firm/Company	
		5609 Westview Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Orlando FL 32810		
			City/State and Zip Code	
		anthony@asjinvestmentcor	p.com to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca		Canvary
Anthor	ny Simmons		407 9670151	
•	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for the	ne following amount:		
\$25	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)

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ASJ INVESTMENTCORP LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 22 2017 and assigned Florida document number L17000041796 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 "LLC." 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 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

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	Anthony Simmons Jr	5609 Westview Dr	⊟ Add
		Orlando FL 32810	Remove
			☐ Change
			☐ Remove
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			O Add
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f an effective date is listed, Note: If the date inserte	r than the date of filing the date must be specific as and in this block does not the on the Department of	nd cannot be prior to date of meet the applicable statt	filing or more than 90 atory filing requirem	(optional) days after filing.) Purs ents, this date will r	uant to 605,0207 not be listed as t
ne record specifies The 90th day afte	a delayed effective er the record is filed	date, but not an eff I.	fective time, at :	12:01 a.m. on t	he earlier of
October 5		2017			
	MMM Signature of	MANO Sa member or authorized res	resentative of a memb	er	
Anthony Sir	nmons Jr				
		Typed or printed name of	of signee		IVISIO
		Page 3 of 3			SH OF C
		Filing Fee: \$25	5.00		200