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## **COVER LETTER**

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

TO:

CHD IPZT.	STMENT & RENTAL PROPE	RTIES LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MICHAEL SARABJIT, C	PA	
		Name of Person	
	MIKE'S TAX AND ACCO	DUNTING, INC	
		Firm/Company	
	269 N. UNIVERSITY DR	IVE SUITE B	
	-	Address	, . <del></del>
	PEMBROKE PINES, FL 3	33024	
		City/State and Zip Code	
	INFO@IGLOBALTAX.CO		
	E-mail address: ()	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
MICHAEL SARABJIT		954 893.1399 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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)
Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.E INVESTMENT & RENTAL PROPERTIES LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on  Florida document numberL17000101445	/08/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
A.S. MANAGEMENT CONSULTING, LLC.	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	F
(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 registered agent and/or the new registered office address here:	our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	ida street address

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.

Cirv

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 add or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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e record specifies a delayed The 90th day after the rec	I effective date, ord is filed.	but not an el	fective time, at	12:01 a.m. or	n the earli	ier
Dated	20	19				
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	Signature of a ejember	er or authorized re	presentative of a memb	er		

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Filing Fee: \$25.00