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| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section Division of Corporations

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| subject: <u>AS</u> | IN PROPERT | Y MAINTE | NANCE |
|----------------------------|--|---|--|
| | Name of Lin | nited Liability Company | · |
| The enclosed Articles o | f Amendment and fee(s) are sul | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | | • | |
| | <u>A</u> | shten Rolle Name of Person | |
| | | | |
| | As | n low Propert | y Maintenance |
| | 76 | 51 SW 15+ St | reet |
| | | circle FL 33 | |
| | | , | |
| | E-mail address: | Ole 19 A gmail. C. (to be used for there admual report notice | Com lication) |
| For further information | concerning this matter, please of | all: | |
| 4. | Mon Rolle | 708 | -6080 |
| Name | of Person | at (<u>954</u>) 708 Area Code Daytim | e 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) |
| Mailing Addro | | Street Address: | |
| Registration Division of 0 | Section Corporations | Registration Sec Division of Cor | |
| P.O. Box 63 | 27 | The Centre of T | allahassee |
| Tallahassee. | FL 32314 | 2415 N. Monro Tallahassee, FL | e Street, Suite 810 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASH PROPERTY MAINTENANCE

| (A Florida Limited L | hability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1700104854</u> | were filed on OS-11-2017 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | |
| ASH EXPRESS The new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words". | |
| Enter new principal offices address, if applicable: | 7651 SW 1st Street |
| (Principal office address MUST BE A STREET ADDRESS) | Margate FL:336188 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 7651 SW 15t Street Margale, FL 33008 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | Ashton Rolle 651 SW 13t street |
| New Registered Office Address: | 651 SW 134 Street Enter Florida street address |
| Mar | rgate Florida 33008 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 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 7651 SW 1St Street | Type of Action |
|--------------|---------------|--|----------------|
| <u>CFO</u> | Pascale Rolle | Address 7651 5W 15t Street Margute 1FL 33068 | 🖾 Add |
| | | | □Remove |
| | | 7651 SW 1St Street | □Change |
| CEO | Ashlon Rolle | Margate, FL 33068 | [JAdd |
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| e date, if other than the | date of filings | (ontional) |
| tive date is listed, the date must | be specific and cannot be prior to date of | (optional) filing or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed |
| | epartment of State's records. | tory ming requirements, this date will not be listed |
| | | |
| specifies a delayed effective d. | e date, but not an effective time, at 12 | :01 a.m. on the earlier of: (b) The 90th day after t |
| | | |
| 06-26-2 | 024 | |
| | A | |
| | Signature of a member or authorized repr | esentative of a member |
| | | |