

**L17000126795**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

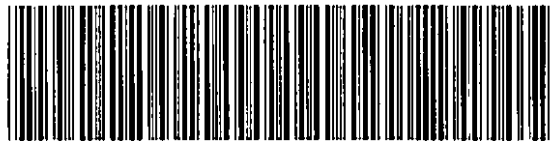
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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JUL 26 2018  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASCEND BUILD, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julien David

\_\_\_\_\_  
Name of Person

ASCEND BUILD

\_\_\_\_\_  
Firm/Company

11137 NW 65th Court

\_\_\_\_\_  
Address

~~COCONUT CREEK/FL~~ Parkland/FL, 33076

\_\_\_\_\_  
City/State and Zip Code

DAVIDJULIEN90@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIEN DAVID

\_\_\_\_\_  
Name of Person

954

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

5297907

\_\_\_\_\_  
Daytime 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 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

ASCEND BUILD, LLC

The Articles of Organization for this Limited Liability Company were filed on JUNE 09, 2017 and assigned Florida document number L17000126795.

**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 "L.L.C."

**(Principal office address MUST BE A STREET ADDRESS)**

11137 NW 65 COURT, PARKLAND, FL, 33076

**(Mailing address MAY BE A POST OFFICE BOX)**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

Civ

Zip Code

*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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 17<sup>th</sup>, 2018

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Julien David

Typed or printed name of signee