117000180191

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200318699592

10/28/18--01011--023 **25.00

O SIMMONS NOV 0 7 2018

COVER LETTER

TO: Registration So Division of Cor			
AS Purcha	asing LLC		
30b3EC17	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jose Prado		
	AS Purchasing LLC	Name of Person	
		Firm/Company	
	31 S.E. 5th Street #214		
	Miami, FL 33131	Address	
	jose@attanticsapphire.com	City/State and Zip Code	<u>-</u>
	E-mail address: (t	o be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	ill:	
Jose Prado		305 490-9969 at ()	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS Purchasing LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Colorida document number L17000180191	Company were filed on 08/23/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	. 70
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDI	RESS)	
		<u>ू ५</u> ,
		: 5
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
s. If amending the registered agent and/or regis egistered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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	Alejandro Castro	31 SE 5th Street #214 Miami FL 33131	
			■ Add
			□ Remove
			Change
MGR	Soltero, Luis Rogelio	2560 SW 27th Ave. 408 Miami, FL 33133	
			Add
			Remove
			-
			∄ Remove
			一
			26
		-	
			Change
			to Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change

					-			
				 				
				<u> </u>				
					<u> </u>			
					_			
								•
	•		•					·
						<u>-</u>		
		 		·	· 			
			_	-				
ective	date, if other t	than the date o	f filing:				(option	nal)
<u>te:</u> If t	he date inserted	e date must be spec in this block doe on the Departme	s not meet t	the applicab	date of filing le statutory	or more than 9 filing require	0 days after ti ments, this c	nal) ling.) Pursuant to 605 date will not be liste
		delayed effec the record is		, but not	an effectiv	ve time, at	12:01 a.d	m. on the earlie
ed	-		· _	< 1.	Puil	P)		
		Signatu	re of a memb	er of authori	zed representa	ative of a mem	ber	
				, ,				

Page 3 of 3

Filing Fee: \$25.00