

L17000 191913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

W18-80550

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09/04/18--01031--007 **61.25

SECRETARY OF STATE
JAN ARABSHET, PIOTRO

2018 SEP 13 AM 9:14

FILED

M. MILLIGAN

SEP 13 2018

FAX

FROM

Juliette Schiff
Studio Schiff LLC

TO

Michelle Milligan
Sunbiz

Phone (561) 349-5151 * 11
Fax Number (561) 349-5152

Phone
Fax Number +18502456030

DATE 09/12/2018

NOTE

We submitted the incorrect partnership forms for our change with our company check. Attached are the correct forms for an LLC amendment. I apologize for the mistake.
Please confirm receipt and if anything else is needed to process the change.
Thank you. Julie Schiff 954-804-7244

RECEIVED
2018 SEP 13 AM 7:36

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASANTE ARCHITECTS 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:

JULIETTE L SCHIFF

Name of Person

ASANTE ARCHITECTS LLC

Firm/Company

4722 NW BOCA RATON BLVD C106

Address

BOCA RATON, FL 33431

City/State and Zip Code

JULIE.SCHIFF@GMAIL.COM

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

For further information concerning this matter, please call:

JULIETTE L SCHIFF

561 349-5151 EXT 11
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

FEE HAS BEEN PAID BY CHECK

☒ \$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**

ASANTE ARCHITECTS 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 09-14-2017 and assigned
Florida document number L17000191913.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ASANTE DESIGN GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4800 T-REX AVENUE, SUITE 315

(Principal office address MUST BE A STREET ADDRESS)

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

4800 T-REX AVENUE, SUITE 315

(Mailing address MAY BE A POST OFFICE BOX)

BOCA RATON, FL 33431

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:

4800 T-Rex Ave., Ste. 315
Enter Florida street address

Boca Raton, Florida 33431
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	EUGENE R FAGAN	4722 NW BOCA RATON BLVD C106	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juliette L. Schiff	4800 T-Rex Ave., Ste 315	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

•

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 1 2018

Juliette L. Schiff

Digitally signed by Juliette L. Schiff
DN: cn=Juliette L. Schiff, o=Studio Schiff, ou=AR94006,
email=juliet@studioschiff.com, c=US
Date: 2015.09.12 20:58:01 -04:00

Signature of a member or authorized representative of a member

JULIETTE L SCHIFF

Typed or printed name of signee

2018 SEP 13 AM 9:14
RECEIVED
U.S. AIR FORCE
OFFICE OF THE
SECRETARY OF DEFENSE

SECRET