# 117000191913

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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SERRELARY OF STREET

M. MILLIGAN SEP 1 3 2018



From: Juliette Schiff

**FROM** 

Juliette Schiff Studio Schiff IIc TO

Michelle Milligan Sunbiz

Phone

(561) 349-5151 \* 11

Fax Number (561) 349-5152

Phone

Fax Number +18502456030

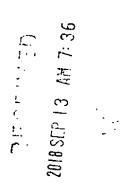
**DATE 09/12/2018** 

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



TO:

Fax: (561) 349-5152

Registration Section

## **COVER LETTER**

To:

icles of Ame	Name of Limited Market of Limited Market and fee(s) are subtracted concerning this matter to	ted Liability Company nitted for filing.	
corresponde	endment and fee(s) are subt		·
corresponde		nitted for filing.	
•	nce concerning this matter (		
		to the following:	
	JULIETTE L SCHIFF		
	ASANTE ARCHITECTS	Name of Person LLC	
	4722 NW BOCA RATON	Firm/Company I BLVD C106	<u></u>
	BOCA RATON, FL 3343	Address	
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nation conce		•	auon)
HIFF		at ( )	
Name of Per	son	Area Code Daytime T	Celephone Number
ck for the fo	llowing amount	FEE HAS BEEN PAID BY CHECK	
;Fee [	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	nation conce CHIFF  Name of Per	4722 NW BOCA RATON  BOCA RATON, FL 3343  JULIE.SCHIFF@GMAI  E-mail address: (to the following amount:  CHIFF  Name of Person  ck for the following amount:  Fee S30.00 Filing Fee &	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 nonficentation concerning this matter, please call:  CHIFF  Soft  Area Code  Daytime To Sign of Person  FEE HAS BEEN PAID BY CHECK  Fee Sign of Status  FEE HAS BEEN PAID BY CHECK  Certificate of Status  Certified Copy

### 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

Tο

#### 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 assigned 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 liab	ility company here:	
ASANTE DESIGN GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 of registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address: 4800	T-Rex Ave. 5te . 315	
boco	Pato Florida 33431	
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.

From: Juliette Schiff

Fax: (561) 349-5152

Fax (850) 245-8030

To

Page 6 of 7 09/12/2018 9 16 PM

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
AMBR	EUGENE R FAGAN	4722 NW BOCA RATON BLVD C106	
	<u> </u>	BOCA RATON, FL 33431	
			Remove
			Change
AMBR	Juliette L. Schill	4800 T-Rex Ave. , st	1 <u>31</u> 5_□ Add
		Boca Raton, Fr 33	431 Remove
			diange
			Remove
			Change
			☐ Remove
			Change
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D. If ameno		nnge(s) here: (4ttach additional sheets, if necessary.)	14 M
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(If am effect <u>Note:</u> If		cannot be prior to date of filing or more than 90 days after filing.) Pu eet the applicable statutory filing requirements, this date will	
		ate, but not an effective time, at 12:01 a.m. on	the earlier of:
	rd specifies a delayed effective da Oth day after the record is filed.		
(b) The 9		2018	
(b) The 9	Oth day after the record is filed.	- Okyitally signed by Juliette L. Schiff ON cn=Juliene L. Schiff o=Studio Schiff, bu=AR94006 email=Julieestudioschiff.com, c=US	2016 S
(b) The 9	Upon day after the record is filed.  EPTEMBER 1  Juliette L. Schiff	<del></del>	200 SEP 13

Page 3 of 3

Filing Fee: \$25.00