

L14000 10870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

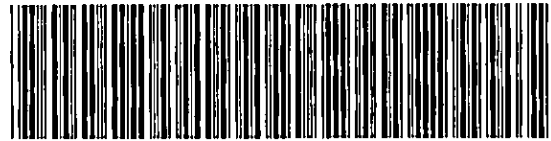
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG 22 PM 2:45
SECOND DEPT OF STATE
TALLAHASSEE FLORIDA

D BRUCE
AUG 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2018

ARTURO SOTO
812 NW 22ND PLACE
MIAMI, FL 33125

SUBJECT: ASA MILLWORK LLC
Ref. Number: L18000010870

We have received your document for ASA MILLWORK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 318A00015676

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASA MILLWORK LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTURO SGTO

Name of Person

Firm/Company

812 NW 22ND PLACE

Address

MIAMI, FL 33125

City, State and Zip Code

CARPENTRYASA@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS PEREZ

305

269-8445

at

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount

☒ \$325.00 Filing Fee

☐ \$25.00 Filing Fee &
Certificate of Status

☐ \$25.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$200.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32307

STREET/COURTIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2651 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ASA MILLWORK 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 08/14/2018 and assigned Florida document number 318A 00015676.

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

812 NW 22nd PL

MIAMI, FLORIDA

33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

812 NW 22nd PL

MIAMI, FLORIDA

33125

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:

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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F
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D

E. Effective date, if other than the date of filing: 08/14/18 (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 08/14/18 . 2 1

Signature of a member or authorized representative of a member

Arturo Soto Alvarez
Typed or printed name of signee

Typed or printed name of signee