Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003061863)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I2014000083

Phone Fax Number : (407)932-0040 : (407)520-5473

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASI SUPPLY GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

K. SALY ी 2018

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

(i)

COVER LETTER

Division of Cor	porations		
ASI SUPPI	Y GROUP LLC		
	Name of Lim	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:	
	ANGELA CERINZA		
		Name of Person	
	ASI SUPPLY GROUP LL	С	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<u> </u>
	6965 PIAZZA GRANDE	AVE. STE 413	
		Address	
	ORLANDO, FL 32835		
	RCTAXSERVICE@EART	City/State and Zip Code HLINK.NET	
	E-mail address: (to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
NGELA CERINZA		407 428-7543 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Briclosed is a check for th	ne 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 exclused)

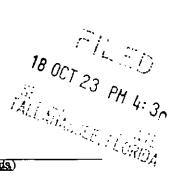
TQ:

Registration Section

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
Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ASI SUPPLY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	If amending the registered agent an stered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	ANGELA CERINZA 15379 SHONAN GOLD DR	Florida area address Florida 24787 Zip Code
	Stered agent and/or the new registered Name of New Registered Agent:	ANGELA CERINZA 15379 SHONAN GOLD DR	
	Stered agent and/or the new registered Name of New Registered Agent:	ANGELA CERINZA	s on our records, enter the name of the nev
	stered agent and/or the new registered	office address here:	s on our records, enter the name of the nev
			s on our records, <u>enter the name of the nev</u>
<u>(Ма</u>	Illing address MAY BE A POST OFFIC	<u></u>	
	er new mailing address, it applicable:		
(Prii	ncipal office address MUST BE A STRE	EET ADDRESS	
	er new principal offices address, if appl		
The n	ew name must be distinguishable and contain the	e words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
A . I	famending name, <u>enter the new name</u>	of the limited liability compan	v here:
	amendment is submitted to amend the fo	ollowing:	
This			
	da document number L18000075632	······································	

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	ANGELA CERINZA	15379 SHONAN GOLD DR	 ::
		ORLANDO, FL 32836	
			□ Remove
			■ Change
~			Add
			🗆 Remove
			Change
			_ Add
		_	23
			Remove
			☐ Change 3
			□ Remove
			Change
			□ Add
			П Кетюче
			Change
			Remove
			Change

_	
	<u> </u>
	23
_	
_	
_	
_	
_	
_	
	
_	
lfan effed <u>Norte:</u> It	ve date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Color 23 1018
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00