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COVER LETTER

Registration Section

TO:

Division of Corp	porations	•	
SUBJECT:	ASC Name of Lim	CONSULTANT ited Liability Company	B, LLC
	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	Reginal	Alexandre Name of Person	
	ASC CO	NSULTANTS, L	LC
	4623 Fra	nces Drive	ر اران اران اران اران اران اران اران ار
	Delra	Y Beach, FL 3 City/State and Zip Code	33445
	E-mail a tiress: (7180 gmail - C to be used for future annual report notifi	
For further information co	oncerning this matter, please c	all:	•
Reginald A	lexandre Person	at (501) 674 Area Code Daytime	1-6922 Telephone Number
Enclosed is a check for th			
□ \$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)
Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, FL 323	n ations ater Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L186000	Company were filed on 04 30 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7700 Tatum Waterway D
(Principal office address MUST BE A STREET AD)	DRESSI Miami Beach FL 33141
registered agent and/or the new registered office ac	
Name of New Registered Agent:	Keginald Alexandie
New Registered Office Address: New Registered Agent's Signature, if changing Register	Enter Floridu street address Niami Beach, Florida City Zip Code
	nt and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and accept the obligations of my position as registered	complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability

Page 1 of 3

MGR = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicholas, D, Corsalini	4623 Frances Dr	
		4623 Frances Dr Delray Beach, FL 33445	Remove
			Change
			Add
			Remove
		-	Change
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			□ Add
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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nted 05 13 6	017			
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	Signature of a member or authorize	ed representative of a member	er	-
Rec	ginald Alexa	indre		
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	 Page 3	of 3		

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Filing Fee: \$25.00