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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	ASR COMPANY LLC			
NUDJEK, I .	•	Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		CARLOS A. RAMIREZ		
			Name of Person	
		ASR COMPANY LLC		
	Firm/Company			
		7598 NW 86TH TER. 204		
			Address	
	TAMARAC, FL 33321			
			City/State and Zip Code	
		stefanie.business10@gmail		
		E-mail address: (to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please c	all;	
STEFANIE	CASTRO		786 328-1329	
	Name o	of Person		ime Telephone Number
Enclosed is:	a check for th	he following amount:		
■ \$25.00 H	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)
	iling Addres		Street Address:	oution
Registration Section Division of Corporations			Registration S Division of Co	
P.O. Box 6327		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ASR COMPANY LLC

2J20SE -4 AN 7:56

(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 MAY 07, 2018 ___ and assigned Florida document number _____L18000114566 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 "LLC." 7598 NW 86TH TERRACE, 204 Enter new principal offices address, if applicable: TAMARAC, FL 33321 (Principal office address MUST BE A STREET ADDRESS) 7598 NW 86TH TERRACE, 204 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) TAMARAC, FL 33321 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 _______ 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.

City

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>	2328 SF -1) (11 7: F6 Address	Type of Action	
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E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	te of filing:
ecord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
AUGUST 26	2020
Cido A	2020 Lavvig nature of a member or authorized representative of a member
Sign	nature of a member or authorized representative of a member
CARLOS A. RAMIREZ	
	Typed or printed name of signee

Filing Fee: \$25.00