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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

GLOBAL S	L SLIDING DOOR AND WINDOW REPAIR LLC			
NOBJECT:	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:		
	Ben Asmon			
		Name of Person		
		Firm/Company	<del></del>	
12349 NW 55TH ST				
	Address			
	CORAL SPRINGS, FLOR		. <u></u>	
	Globalsliding@gmail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report no	uffication)	
For further information of	concerning this matter, please c	all:		
Ben Asmon		954 5883346		
Name c	of Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he 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 enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection	
Division of C	lorporations	Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL SLIDING DOOR AND WINDOW REPAIR 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 Compar	ny were filed on 05/08/2018	and assigned
Florida document number L18000115099		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
ASVAS CONCRETE LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		30,-
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter th</u>	e name of themew registered
agent and/or the new registered office address here:		F S T
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and is provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is

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>	Name	<u>A</u> ddress	Type of Action
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			Remove
			☐ (Thange
			□Add
		<del></del>	Remove
			①Add
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	Signature of a member or authorized representative of a member
	<del>-</del>
	Ben Asmon

Filing Fee: \$25.00