Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H180002803693)))



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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHLYN COLE LLC

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" CVIX DET 2 , 2018

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:		ntion Sect n of Corp					
CIID Inc	As	hlyn Cole	LLC				
SUBJECT: Name of Limited Liability Company							
The encl	osed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.			
Please re	turn all	correspon	dence concerning this matter	to the following:			
			Cheyenne Moseley				
Name of Person							
			Legalzoom.com, Inc.				
Firm/Company						-	
101 N. Brand Blvd., 11th Floor							
				Address			
Glendale, CA 91203						_	
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For furth	er infor	mation co	neerning this matter, please of		· Louise control		
	Chevenne Moseley 800 773-0888 ext. 9724						
	-	Name of	Person	Area Code D.	aytime Telephone Numbe	r	
Enclose	d is a ch	ook for the	: following amount:				
□ \$ 25.	00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ste of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

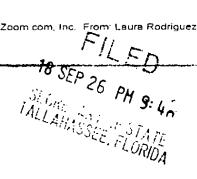
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Control of the Contro

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ashlyn Cole LLC				
(Name of the Limited Liable (A Florid	lity Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability (Florida document number L18000166216	Company were filed on 7/10/2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company bere:			
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, dress here:	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			
	City	Zlp 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

Page 1 of 3

__ 🗆 Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Titte Name Address **AMBR** Ashley Wagner 5333 Florence Harbor Dr. Orlando, Florida 32829 ____ **☑** Remove AMBR Ashley Wagner 6441 S. Chickasaw Trail #192 **2** Add Orlando, Florida 32829 ☐ Remove Remove ☐ Add ☐ Remove _____ Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	A STATE OF THE PROPERTY OF THE
E. Effective date, if other than the date of filing:	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated	
Signature of a member of authorized representative of a member	
Signification of a member of an inhomized representative of a member Ashley Wagner	
Typed or printed name of signee	

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Filing Fee: \$25.00

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