L18000187862

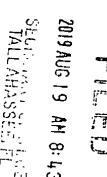
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

Division of Corporations	₫
	.
SUBJECT: AS USign 7 LLC	nited Liability Company
- Name of Em	anted Diagnity Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
The Wilkes	Law Grow, P.L. (Steven E. Wallace)
The Wallace	Elem Grope, P.L.
2240 West 1	Address Rd, Svite 403
Bagnton Break	City/State and Zip Code
Celena Wallar E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please c	eall:
Colena MuZ.c. Name of Person	at (56) 477 - 6020 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{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)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

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

TO:

Registration Section

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{8}{6}$ $\frac{30}{8}$ and assigned
Florida document number <u>L18000187862</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 East Palmetto Park Road
(Principal office address MUST BE A STREET ADDRESS)	Suite 800
	Bora Ration, FL 33432.
	,
Enter new mailing address, if applicable:	150 East Palmetto Park Boad
(Mailing address MAY BE A POST OFFICE BOX)	Suite 800
	Bocy Ration, FL 33432
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· ·
Name of New Registered Agent:	
New Registered Office Address:	2011 TAL
	Enter Florida street address , Florida
New Registered Agent's Signature, if changing Registered Agent:	City So, Zip Code
	69
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	

If Changing Registered Agent. Signature of New Registered Agent

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.

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			Change	
			Add	
			Remove	
			☐ Change	
	<u> </u>		Add	
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			Remove	
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			Change	
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			□ Remove	

_ Change

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(If an effec Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	August 16th 2019
Dated	
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00