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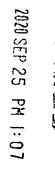
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	ECT: A.S.S. Holdings LL	npany
The enc	closed Articles of Amendment and fee(s) are submitted for filing	
Please re	return all correspondence concerning this matter to the following	
	Stephanie Ap Name of Po	RCC.
	A.S.S. Holdin	as LLC
	12319 Forest	Highlands Drive
	Dade City/State and Z	F1. 33525 Discourse Stephanic agrae Constant Co
		Stephanie a gnacl. con
For furthe	er information concerning this matter, please call:	
<u> </u>	Yephanie Arce at (813) Name of Person Area Co	de Daytime Telephone Number
inclosed i	is a check for the following amount:	
DØ \$25.00	00 Filing Fee S30.00 Filing Fee & S55.00 Filing Certificate of Status Certified C (additional contact)	
R D P.	Constration Section Division of Corporations P.O. Box 6327 The Callahassee, FL 32314	reet Address: egistration Section vision of Corporations c Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

A.S.S. Holdin	as LLC
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L 18 000 216 292</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Mercywood Investment The new name must be distinguishable and contain the words "Limited Liability Limited Liability Limited Liability Limited Liability Limited Liability Limited Liability Liabili	nts LCC
Enter new principal offices address, if applicable:	Same address
(Principal office address MUST BE A STREET ADDRESS)	no change
Enter new mailing address, if applicable:	4 0
	Same address
(Mailing address MAY BE A POST OFFICE BOX)	no Change
B. If amending the registered agent and/or registered office adagent and/or the new registered office address bere:	Idress on our records, enter the name of the new registered
Nb C	hange
Name of New Registered Agent: ARCE	, Stephanie
New Registered Office Address: 12319	Forest Highlands Deve
Dac	Enter Florida street ad Dess AL CLY Florida 33525 City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	гар ские
hereby accept the appointment as registered agent and	

ept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		; = ===
			□Remove
			☐ Change
			□Add
			□Remove
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specifies a delaye	d effective date	, but not an effectiv	/e time, at 12:0	01 a.m. on the	earlier of: (b)	The 90th day after
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