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COVER LETTER

	gistration Sec vision of Corp		,			
eud lect.	AS & CS, LLC					
SUBJECT:		Name of Limited Liability Company				
The enclose	d Articles of A	mendment and fec(s) are subr	nitted for filing.			
Please retur	n all correspon	dence concerning this matter t	to the following:			
		Jeffrey A. Levine, Esq.				
Name of Person						
Sachs Sax Caplan PL						
Firm/Company						
		6111 Broken Sound Pkwy	NW #200			
			Address			
		Boca Raton, FL 33487				
			City/State and Zip Code			
		E-mail address: ()	o be used for future annual report notifica	tion)		
For further i	information co	ncerning this matter, please ca	И;			
Jeffrey A. Levine, Esq.			561 994-4985 at ()			
	Name of	Person	Area Code Daytime To	elephone Number		
Enclosed is	a check for the	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)		

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
Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS & CS, LLC			
(Name of the Limit)	ed Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number 1.19000039846	and assigned		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	500 SE 5th Ave. Unit 802 S	
(Principal office address MUST BE A STREE	T ADDRESS)	Boca Raton, FL 33432	
Enter new mailing address, if applicable:		500 SE 5th Ave. Unit 802 S	<u> </u>
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Boca Raton, FL 33432	S SINGS
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	lice address her	<u>e</u> :	enter the name of the ne
New Registered Office Address:	6111 Broken S	ound Pkwy NW #200	
	Boca Raton	Enter Florida street address . Florid	da ³³⁴⁸⁷

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR/M	Constance Silveri, Trustee	520 W. Old Country Road	
			Add
		Hicksville, NY 11801	🗆 Remove
AR	Jeffrey A. Levine	6111 Broken Sound Pkwy NW #200	
		Boca Raton, FL 33487	
			□ Remove
		-	🗆 Сһапде
			□ Remove
			Change
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reflectiv <u>te:</u> If the	re date is listed, the he date inserted	than the date of e date must be speci in this block does on the Departmen	fic and cannot be not meet the a	: prior to date of : pplicable statu	iling or more than 9 ory filing require	(optional) 0 days after filing ments, this date	e.) Pursuant to 605.	.0207 (3)(b ed as the
record he 90	l specifies a th day after	delayed effect the record is f	ive date, bu ïled.	t not an effe	ective time, at	: 12:01 a.m.	on the earlie	er of:
ed	Aus	32,20	17	·				
	9	Yhy Cl Signaturi	of a member or	authorized repr	sentative of a mem	yauTi	40 - 12 + PAROS	de
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