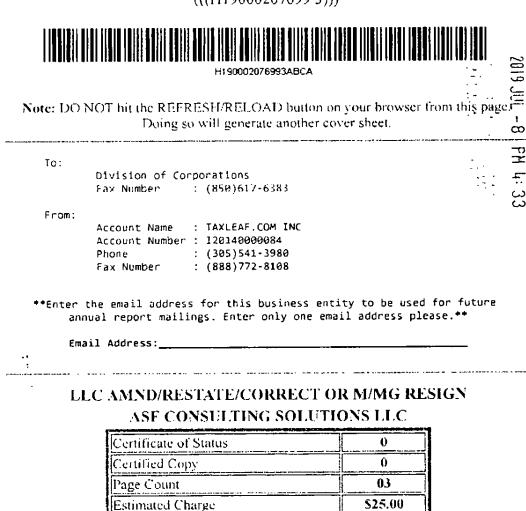
7/8/2019

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190002076993)))



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To: SUNBIZILLC Page 3 of 5

## 2019-07-08 18 47.59 (GMT) H19000207699 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASE CONSULTING SOLUTIONS ELC		
(Name of the Limited Liability C (A Florida Lir	ompany as it now appears on our records.) mitted Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1,190,00044683	npany were filed on 02/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L. 23"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>SS)</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)		FH 4: 33
B. If amending the registered agent and/or registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	red office address on our records, enss here:	ter the name of the new
	Cuy . Florida	Zap 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

## 2019-07-08 18 47 59 (GMT)

## H19000207699 3

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	Address	Type of Action
MGR	DA SILVA MAGALHAES, ANIZIO R	10313 LOVEGRASS LN	≅ Add
		ORLANDO, FL 32832	□ Remove
			Change
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H19000207699 3

	ending any other information, enter change(s) bere: (Attach additional sheets, if necessary.) ADD EIN: 83-3699209	_	
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(Ifan <b>Not</b> i	tive date, if other than the date of filing:  [fective 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 6  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	05.0207 (3) isled as the	)(b) c
ther ) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	fler of:	
Date	JULY 8TH , 2019		
	/M/		
	Signification of a member or authorized representative of a momber		
	CARLOS A SCHOSTE PERFIRA		

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