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COVER LETTER

TO: Registration Division of C				
ASDO IN	NVESMENTS, LLC			
SUBJECT:	Name of Lin	nited Liability Company	 _	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	John Martin			
		Name of Person		
		Firm/Company	 	
	P.O. Box 7902			
		Address		
	Clearwater, FL 33758			
	johnfmartin1031@yahoo.co			20 TH 18
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual report a	otification)	30 03
JOHN F.	MARTIN	at (727) Area Code Day	1-3104	AHII: 45
Name	e of Person	Area Code Day	time Telephone Number	All: 45
Enclosed is a check for	r 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 State Certified Copy (additional copy is encl	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASDO INVESMENTS, LLC							
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)	_			
The Articles of Organization for this Limited Liability Company were filed on May 1, 2019 Florida document number L19000118711					and assigned		
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liah	oility company here:					
ASDO INVESTMENTS, LLC							
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LL	C" or the abbrev	iation "L.L.	.C."		
Enter new principal offices address, if appli	5406 JERSEY AVE SOUTH						
(Principal office address MUST BE A STREET ADDRESS)		GULFPORT, FL 33707		- 2	<u> </u>		
Enter new mailing address, if applicable:		5406 JERSEY AVE SOUTH		- E	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
(Mailing address MAY BE A POST OFFICE BOX)		GULFPORT, FL 33707		7			
				, v			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	r the name of	the new	registere		
Name of New Registered Agent:							
New Registered Office Address:	5406 JERSEY	AVE SOUTH					
		Enter Florida street addre	.55				
	GULFPORT	_ F)	lorida 33707				
		City	7	Zip 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

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>	Address	Type of Action
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reflective date is listed, the date rete: If the date inserted in this	nust be specific	and cannot be pi	rior to date of fil	ing or more than	90 days after fili	ng.) Pursuant to 60)5.0207 (
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cord specifies a delayed effects filed.	tive date, but i	not an effectiv	e time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th day aft	er the
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Filing Fee: \$25.00

Typed or printed name of signee