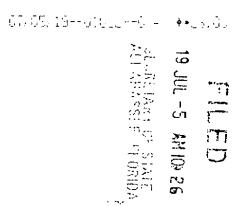
L19000194889

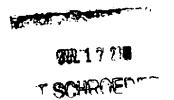
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400331262734





COVER LETTER

TO: Registration Section

Division of Co	rporations			
ASF GRO	UP LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JOSE A. ACUNA			
	ASF GROUP LLC	Name of Person		
		Firm/Company		
	13246 SUMMERTON DR			
		Address		
	ORLANDO, FL. 32824			
	jas700430@yahoo.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information (concerning this matter, please ea	all:		
JOSE A. ACUNA		407 346-1839 at ()		
Name of Person			e Telephone Number	
Enclosed is a check for t	he following amount:			
■ S25.00 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 Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited	Liability Company	/ were filed on <u>06/14/</u>	2019 and assigned
Florida document number L19000154889			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
ASF TECH GROUP LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		N/A	ميد بن لود
		N/A	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)		N/A	1 2 5
•		N/A	
		567	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
3. If amending the registered agent and registered agent and/or the new registered	office address her	mice address on ou e:	r records, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	,	Enter Florida s	treet address
	N/A		, Florida ^{N/A}
	·	Ciţv	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>	Name	Address	Type of Action
ANA M. HORST MGR		13246 SUMMERTON DR ORLANDO, FL, 32824	
		N/A	
			☐ Remove
		N/A	
			Change
N/A	N/A	N/A	
			Add
		N/A	-
		N/A	Remove
			Change
NIA	N/A	N/A	20 19
N/A 			<u> </u>
		N/A	50 2 Li
			Remove
		N/A	Remove
	N/A	N/A	一 一
N/A			□ Add
		N/A	
			□ Remove
		N/A	
	N/A	N/A	Change
N/A	19774	:N/A	
		N/A	
			□ Remove
		N/A	
			Change
N/A	N/A	N/A	
		N/A	
		1974	☐ Remove
		N/A	to remove
			Change
			_

N/A						
				•		
	<u> </u>					
					注意 三型	<u> </u>
						<u>F' = </u>
					<u>_0 -2 \</u>	<u> </u>
						ਹੀ : ਹੈ
						- II
				,	옆동	~ Ç
					10A	ဓိ
		06/29/2019				
ctive date, if other than effective date is listed, the date	the date of fili must be specific a	ing: and cannot be prior	to date of filing	or more than 90 da	_ (optional) avs after filing.) Pi	ursuant to 60:
arepsilon If the date inserted in thi	s block does no	t meet the applic	able statutory (iling requireme	nts, this date wi	ll not be list
iment's effective date on th	e Department o	f State's records.				
ecord specifies a dela ne 90th day after the			t an effectiv	e time, at 12	2:01 a.m. on	the earli
d		2019				
· - 1 Λ Λ		-·	 ·			
				ative of a member		

Typed or printed name of signee