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2019 AUG 19 PM 6:49

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## **COVER LETTER**

TO: Registration S Division of Co		•	
	GENERAL SERVICES LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	VICTOR ASMAT		
		Name of Person	
	2549 CORAL AVE.	Firm/Company	
		Address	
	KISSIMMEE, FL 34741		
	KASMATB@HOTMAIL.C		<del></del>
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
VICTOR ASMAT		321 442-3598 at ( )	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
<b>№</b> \$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)
Regis	LING ADDRESS: stration Section	STREET/COUR Registration Section of Corpo	on

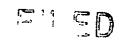
P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ASMAT GENERAL SERVICES LLC

company has been notified in writing of this change.

2019 AUG 19 PM 6: 49

( <u>Name of the Limited Liability Compa</u> (A Florida Limited U	ny as it now appe Jiability Company	ars on our records.)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900 (59556</u> .	were filed on _	06/17/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	830 N. JOHN	YOUNG PARKWAY,	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE.	FL 34741	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address o	on our records, enter the	
Name of New Registered Agent:			
New Registered Office Address:	Fator Fl	lorida street address	
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance o	of my duties, and I am fam	iliar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

\*\_16 amonding 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Asmat Bustamante	2540 Cord Ave Kissimmee	<b>X</b> Add
	Karla Milagritos	2549 Cord Ave, Kissimmee FL 34741	Remove
			Change
			D Add
			🗆 Remove
			Change
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(If an effective Note: 1	the date, if other than the date of filing:  (optional)  ctive 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 605.020 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	August 14th 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00