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## **COVER LETTER**

TO: Registration Se Division of Cor			
ASMAT G	ENERAL SERVICES LLC	. <del>-</del> 4 24	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLGA KARINA GLANC	EY	
		Name of Person	
	ASMAT GENERAL SER	VICES LLC	
		Firm/Company	···
	830 N. JOHN YOUNG PA	ARKWAY	
		Address	
	KISSIMMEE, FL, 34741		
		City/State and Zip Code	
	OLGAASMAT@HOTMAI	L.COM to be used for future annual report noti	figuran
For further information c	oncerning this matter, please of	·	reativity
OLGA K. GLANCEY	vincerning this matter, preuse e	407 310-223	
	40	at (	77.1.1.2/
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	he 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Fallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASMAT GENERAL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Flor(da Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/17/2019}{1}$  and assigned Florida document number 4.19000159558 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/AN/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: OLGA KARINA GLANCEY Name of New Registered Agent: 2549 CORAL AVE New Registered Office Address:

## 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.

Cin

KISSIMMEE

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	VICTOR C. ASMAT	4116 VISTA LAGO CIRCLE 304	
		KISSIMMEE, FL, 34741	≣Remove
			□Change
MGR	OLGA KARINA GLANCEY	2549 CORAL AVE	
		KISSIMMEE, FL. 34741	□Remove
			☐ Change
			□ Add
		□Remove	
			□Change
		<u> </u>	□Add
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			∐Change

*****
_ <b>(optional)</b> ays after filing.) Pursuant to 605.0207 (3 nts, this date will not be listed as th
r of: (b) The 90th day after the

Filing Fee: \$25.00

Typed or printed name of signee