

3/16/2021

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

W19000265283

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : BARINAS & ASSOCIATES INC.
 Account Number : 120000000082
 Phone : (305)871-0889
 Fax Number : (305)870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHOFT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASHOFT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YANELLE M BARINAS

Name of Person

BARINAS & ASSOCIATES, INC.

Firm/Company

5701 NW 36 ST

Address

VIRGINIA GARDENS, FL 33166

City/State and Zip Code

BARINASB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YANELLE M BARINAS

305 871-0889

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

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2021 MAR 17 PM 4:50

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DocuSign Envelope ID: 3BA2FF1C-6266-43F6-A227-3FD454A7214E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHOFT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/25/2020 and assigned
Florida document number L19000265283

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

MARCOS GROPPPO

New Registered Office Address:

2701 SW 3RD AVENUE, UNIT 703

Enter Florida street address

MIAMI

City

Florida

33129

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.

Marcos Groppo

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 3BA2FF1C-8266-43F6-A227-3FD454A7214E

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCOS GROPPPO ✓	2701 SW 3RD AVENUE, UNIT 703 MIAMI, FL 33129	☒ Add ☐ Remove ☐ Change
AMBR	INES MORALES CORNEJO ✓	2701 SW 3RD AVENUE, UNIT 703 MIAMI, FL 33129	☒ Add ☐ Remove ☐ Change
MGR	JUAN MORALES CORNEJO ✓	2701 SW 3RD AVENUE, UNIT 703 MIAMI, FL 33129	☒ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 MAR 17 PM 4:50
STANFORD UNIVERSITY

100

F. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated _____, _____.

Insulation

Signature of a member or authorized representative of a member

INES MORALES CORNEJO

Typed or printed name of signee