## L20000005957

(Requestor's Name)
(requestors name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · ·
(Document Number)
(0000111011(11011001)
Cartificat Casina Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500402083785

@%+09+90 / 022--013 \*\*25.00

2023 FEB - 9 AMII: 58

.

## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:	ASANDKS	LLC				
SUBJECT		Name of Lin	nited Liability Company			
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		KayLynne Buckhalter				
			Name of Person			
-		ASANDKS LLC				
			Firm/Company			
		1381 Henning St.				
			Address			
		North Port, FL. 34288				
City/State and Zip Code						
		kaylynnebs@gmail.com		<del></del>	202 SE	
			to be used for future annual report notification)	ĭ	2023 FEB Seorli Talla	=
For further in	iformation co	oncerning this matter, please c	all:		8-9	
KayLynne B	uckhalter		941 4830850 at ()			<u>1</u> 3
	Name of	Person	Area Code Daytime Teleph	one Number	AHII: 58	
Enclosed is a	check for th	e following amount:			m w	
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	Certified	te of Status &	

TO:

Registration Section

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

(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited Florida document number <u>L20000005957</u>	Liability Company were filed on	12/27/19 and assigned
This amendment is submitted to amend the fo	llowing:	
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," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	SEC 7023 F 77
r		9
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr	•	r records, enter the name of the new register
Name of New Registered Agent:	Kay L. Buckhalter	
New Registered Office Address:	1381 Henning St.	Florida street address
	North Port	
	North Port  City	Florida 34288 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ASANDKS LLC

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.

f 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 Mamber

MGR = M $AMBR = A$	Ianager authorized Member NH		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			SECS ERemove
			SEE SHALL S
			□Add
			□ Remove
		<u> </u>	□Change
			□Add
			☐Change

Original activity listed: Rental/Lea	asing Automobiles &	Ł Warchouses			
Change it to: OMIT the word autor	mobiles and ADD Re	eal Estate Purchasir	ng/Investing		
				•	
·		.,			
				·	
				· · · · · · · · · · · · · · · · · · ·	
					<del></del>
	<del> </del>				
			· · ·		
	January 1	, 2023			
tive date, if other than the date ffective date is listed, the date must be sp. If the date inserted in this block doment's effective date on the Department.	of filing: secific and cannot be pro- oes not meet the app	ior to date of filing or licable statutory fili	(option more than 90 days after fing requirements, this	iling.) Pursuant to	605.0 liste
ord specifies a delayed effective date filed.	, but not an effective	: time, at 12:01 a.m	. on the earlier of: (b)	The 90th day a	ıfter
February	7,202	23.		2023 F. SECRALI	
. 11 9 '	R. 11	11		<b>EB</b>	
Vayryni t	Hare of a member or au	thorized representative	e of a member	(A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	-

Filing Fee: \$25.00