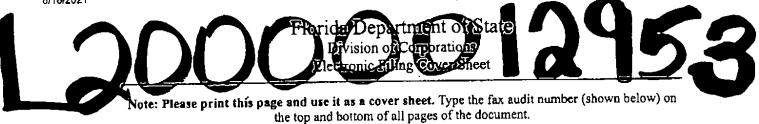
8/18/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : 128180808048 Phone : (954)793-0353 Fax Number : (954)944-3163

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 ASG ALL SERVICES LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASG ALL SER	(VICES LLC				
(Name of the Limited	l Liability Company Florida Limited Liab	<u>as it now appea.</u> pility Company)	rs on our records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L20000012953</u> This amendment is submitted to amend the follow	bility Company we		01/06/2020	and assigned	
1912 Wilestotticite 12 2001mied to amend the 191104	*******				
A. If amending name, enter the new name of t	he limited liabilit	y company h	<u>ere</u> :		
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the	designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applical			OUD LAKE CIR		
(Principal office address MUST RE A STREET		BOCA RA	ATON, FL 33496	Z	
(Frincipal Office address MOS) The MSTREET	7100000			1021	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	: :0X)		OUD <u>LAKE CIR</u> ATON, FL 33496	AUG 19	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office ad <u>i here</u> ;	dress on our	records, <u>enter the na</u>	me of the new regi	stere
Name of New Registered Agent:	ADRIANO	MACIEL I	DE OLIVEIRA		
New Registered Office Address:	18814 CLO	UD LAKE Enter Fle	CIR prida street address		
	BOCA RA		, Florida _	33496	
		City		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.

Adriano Maciel de Oliveira (Aug 13, 2021 07:25 EDT)

If Changing Registered Agent, Signature of New Registered Agent

(((H21000311543 3)))

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	Adriano Maciel de Oliveira	18814 Cloud Lake Cir	□Add
		Boca Raton, FL 33496	□Remove
			□ D Change
MGR_	Suziane A. De Oliveira	18814 Cloud Lake Cir	🗆 Add
		Boca Raton, FL 33496	□Remove
	•	<u></u>	
MGR	Gustavo Oliveira	18814 Cloud Lake Cir	□Add
	Boca Raton, FL 33496	Boca Raton, FL 33496	Remove
			[3Change
			□Add
	·		□Remove
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Note: If t	date, if other than the ve date is listed, the date mu the date inserted in this b 's effective date on the L	lock does not mee	t the applicable	ite of filing or more statutory filing re	(option than 90 days after fr quirements, this	nal) iling.) Pursuant to date will not be	605.0207 listed as
	pecifies a delayed effecti			at 12:01 a.m. on (he earlier of: (b)	The 90th day	after the
Dated	August 12th		2021				
		- Achigono	md Ohns				
		Addison Marial da	Olhipira (Aug. 13	_2021 07:25 EDT)_			_
		Adriano Mariel de Signature of a nier	nber or authorize	d representative of	a member		