L20000106708

(F	Requestor's Name)	
	Address)	
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PICK-UP	☐ WAIT [MAIL
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(Document Number)		
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OUM 5/26/20

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ASIM BA	SS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ASTM ?	Name of Person	
		Name of Person	
	06-	Ruce 110	
	H21 M	BASS LLC Firm/Company	
			mit
	1547	N Florida Man	90 10-1
		Address	f
	West Palm	Brach, F1 33	409
		City/State and Zip Code	
	As.inloiss	City/State and Zip Code LLC Egina, 1, con to be used for future annual report noti	<u></u>
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Asim I	<u>کی،2</u>	at (<u>954</u>) <u>471 - Area Code</u> Daytim	0117
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ASIM BAS	S LLC 2020 MAY -8 PM 5: 09
	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000106768</u> .	ny were filed on 04/20/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

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>	Address	Type of Action
AMBR	Asim Buss	1547 N Florida Mango	_ IPAdd
		West PalmBeach, F1 33409	□Remove
			[]Change
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Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursus Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	
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ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th ord is filed.	day after the
Dated May 1S+ 2020. Signature of a member or authorized representative of a member	
At Bu	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	