<u>L20000354117</u>

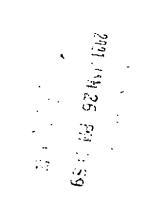
(Re	equestor's Name)	
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Y SULKER



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retneval
Courier

COVER LETTER

FO: Registration Se Division of Cor			
subject: <u>ASP</u>	Science LLC		
someci: The	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alfred	do Sandoval Name of Person	
	_	Same of Person GIES LLC Firm Company	
			
	513 stan	r Bidge Dr Address	
	Lake Wal	CS 35898 City/State and Zip Code	
	_	UGI 27 6 amail.com	
For further information e	oncerning this matter, please co	all:	
Alfredo San	tord	at (<u>467</u>) <u>489-970</u> 0)
Name o	r' 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	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	L \$60,00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres Registration 5		Street Address:	ction
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>1200035-4117</u> .	d on November 69, 2876 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," 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)	/N/)
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address:	6.
·	Enter Florida street address
	Florida Zip Code
Ску	Zap Coxte

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 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
waveder	Alfindo Sandoval	513 Starr Ridge Or lake Wales 3381	M Xadd
		·	□Remove
			\(\text{\tint{\text{\tin}\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\texit{\text{\ti}\}\tittt{\text{\texi}\text{\text{\texi}\text{\text{\texi}
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			□Add
			Remove
			T.Chanas

	ive date, if other than the date of filing: (optional)
(II an el Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is f	ilea.
	A 1
Dated	01-26-2021
	at At
	Signature of a member or authorized representative of a member
	ji w
	Alfrido Sandoval

Filing Fee: \$25.00