## L21000129386

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	





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O. BRUCE.

## **COVER LETTER**

SUBJECT: ASP	Florida M Name of Lin	ObileS I LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ungel	a Functas	<u> </u>	
	ASB Flor	ida Mobile S	I,LLC	
		ncil lane Address		
	Malabar angela E-mail address.	FL, 309 50 City/State and Zip Code  mfunelase to be used for future annual report notice	gnail.com	
For further information e	oncerning this matter, please c			
<u>Angela</u>	FUNCIAS	at (321) 292 Area Code Daytim	9883	2021
Enclosed is a check for th	ne 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)	-9 PH 2: 28

Mailing Address:

TO:

Registration Section Division of Corporations

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

ASB Florida Mobiles I. 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 Co Florida document number <u>L21001293</u>	mpany were filed on 3-18-2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	1920 Duncil lane Malabar FL, 32950
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1920 Duncil lane Malabar FL, 32950
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	21
	Enter Florida street address , Florida
Non-Book and America Silver and 16 April 10 Book at	Cuy Zip Code 1 4
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ago	nd agree to act in this capacity. I further agree to comply with the sumplete performance of my duties, and I am familiar with and sum as provided for in Chapter 605, F.S. Or, if this document is sumplete address, I hereby confirm that the limited liability
	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>	<u>Address</u>	Type of Action
MGR	ASB Florida Holding LLC	1920 Duncil lane	□Add
	Holding LLC	1920 Duncil lane Malabar FL,329	SO_Remove
			XiChange
			□Add
			□Remove
			flChange
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ctive date, if other than the date of f	The amer	odments are		. ,
etive date, if other than the date of f effective date is listed, the date must be specifi in this block does in this block does in iment's effective date on the Department	e and cannot be prior to date not meet the applicable s	e of filing or more than 90 c	ays after filing.) Pursuant	to 605,0207 (3) be listed as the
ord specifies a delayed effective date, but filed.	t not an effective time, a	t 12:01 a.m. on the earli	r of: (b) The 90th da	iy after the
June 6th May	2021  Logical Service of a member of a uthorized			_
No.711.114 m/s	or a member of althorized	representative of a membe		
. ingliande		Funelo	_	

Filing Fee: \$25.00