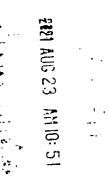
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

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CHDIECT	Adulting M	ade Easy LLC		
SUBJECT	:	Name of Lin	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Jenny Countz		
			Name of Person	
		ZenBusiness Inc		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		5511 Parkcrest Dr., Suite I	207	
			Address	
		Austin, TX 78731		
		<del></del>	City/State and Zip Code	
		fulfillment@zenbusiness.cc		
		E-mail address: (	to be used for future annual report no	tification)
For further	information co	oncerning this matter, please co	all:	
Jenny Cour			844 493-6249 at ()	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	e 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our reco I Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies $\frac{1.21000136685}{1.21000136685}$ .	y were filed on 03/23/2021		and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
ASL Trev LLC				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abl		.L.C."
Enter new principal offices address, if applicable:			2121	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	AUG	
		<b></b> <u></u>	23	
			ħ.M	
Enter new mailing address, if applicable:			<u>.</u>	-
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u> <u>.</u>	51	
		•		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BON)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds. enter	3 AM 10: 51	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	,1	Florida		
	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.

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>	Name	Address	Type of Action
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			Change
			Add
			Remove
			∴ Change
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ctive date, if other than the	date of filing:		(ontiona	l)
ctive date, if other than the effective date is listed, the date muse:  If the date inserted in this bloom is the date of the date.	t be specific and cannot be pricock does not meet the appli	or to date of filing or micable statutory filin	ore than 90 days after filing requirements, this dat	g.) Pursuant to 605.02 e will not be listed a
ument's effective date on the De	epartment of State's record	S.	- · · · · · · · · · · · · · · · · · · ·	
encord conditions and allowed	l offoative data to be		: 13.01	46
ecord specifies a delayed ne 90th day after the rec	ord is filed.	ot an enective t	ime, at 12:01 a.m	. on the earlier
Anguer 10	2021			
ed August 19	2021	· ·		
/s/ Trevor Shea Kazal	(S			
	Signature of a member or aut	<del></del>	·	

Page 3 of 3

Filing Fee: \$25.00