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SECRETARY OF STATE TALLAHASSEE, FL

CC 3/2/12022

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
ASL Trev I	A.C		
SUBJECT:	Name of Lim	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:	
	Fabrizio Lengua		
		Name of Person	<del></del>
	ZenBusiness INC.		
		Firm/Company	<del>.</del>
	5511 Parkerest Dr. Suite 1	03	
	***************************************	Address	
		· · · · · · · · · · · · · · · · · · ·	
	Austin, TX 78731		
	fulfillment@zenbusiness.co	City/State and Zip Code	
		to be used for future annual report noti	(lication)
For further information of	oncerning this matter, please c	all:	
	<i>y</i>		
Fabrizio Lengua		512 2.37-7349 at ()	
Name c	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is erclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	58:	Street Address:	
Registration:	Section	Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAR 11 PM 4: 42

ASL Trev LLC

SECRETail of JF STATE

(Name of the Limited Liability Company as it now appears on our records) ALL ATTASSEE. FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on  Florida document number L21000136685	03/23/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :	
ASL Interpreter Academy LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the o	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)		<del></del>
		<del></del> .
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
		<del></del>
New Registered Office Address:	rida street address	
New Registered Office Address:  Enter Flo	vida street address	
New Registered Office Address:  Enter Flo		
New Registered Office Address:  Enter Flo	vida street address	

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
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			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00