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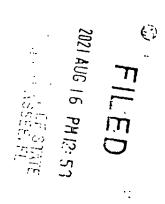
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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08/16/21--01026--010 ++25.00



COVER LETTER

TO: Registration Se Division of Cor			
	nicals LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter		
	Sequoyah Lindsey-Taylo	r	
		Name of Person	
		Firm/Company	
	6859 Lenox Avenue, #29		
		Address	
	Jacksonville, FL 32205		
		City/State and Zip Code	
	aseassets@gmail.com	to be used for future annual report not	add. iii
For further information c	oncerning this matter, please c	·	micauon)
Sequoyah Lindsey-Taylo	or	904 624-2044 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 9		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASE Botanicals	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ASE Assets LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" of	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)		21 8
		ः हि य
		6
B. If amending the registered agent and/or registered office	e address on our records, enter th	e name of the new registered
agent and/or the new registered office address here:		THE TO THE
		5
Name of New Registered Agent:		
New Registered Office Address:		··•
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
-	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
			□Remove
		<u> </u>	☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
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			☐Change

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Signature of a member or authorized representative of a member	Olon	Marc			
	Sig	niture of a member or auth	orized representative of a	member	

Filing Fee: \$25.00