

L21000184142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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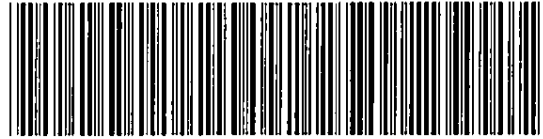
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: ASA HANDLE AND AIR CONDITIONING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY SALAZAR

Name of Person

ASA HANDEL AND AIR CONDITIONING LLC

Firm/Company

5550 GLADES ROAD SUITE 500 #1143

Address

BOCA RATON FLORIDA 33431

City/State and Zip Code

MANAGER@GRUPOASA.US

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Salazar

Name of Person

305

at ()

Area Code

317-8993

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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

ASA HANDLE AND AIR CONDITIONING 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 Company were filed on 04/28/2021 and assigned
Florida document number L21000184142.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5550 GLADES ROAD SUITE 500 #1143 BOCA RATON

(Principal office address MUST BE A STREET ADDRESS)

FLORIDA 33431

Enter new mailing address, if applicable:

5550 GLADES ROAD SUITE 500 #1143 BOCA RATON

(Mailing address MAY BE A POST OFFICE BOX)

FLORIDA 33431

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

5550 GLADES ROAD SUITE 500 #1143

Enter Florida street address

BOCA RATON

Florida

FL 33431

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRADE, LISSET	PUNTA ARENAS 347 CASA 2 LA MOLINA LIMA	<input type="checkbox"/> Add
		LIMA PERU 15112 OC	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRADE, LISSET	2800 GLADES CIRCLE SUITE 113	<input type="checkbox"/> Add
		WESTON FL 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SALAZAR, ANTHONY	2800 GLADES CIRCLE SUITE 113	<input type="checkbox"/> Add
		WESTON FL 33327	<input checked="" type="checkbox"/> Remove
		5550 Glades Road Suite 500 #1143 Boca Raton FL 33431	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE REMOVE THIS OFFICE OR MAILING ADDRESS 2800 GLADES CIRCLE, STE 113

WESTON FL 33327

Please provide our new office and email address. 5550 Glades Road Suite 500 #1143 Boca Raton FL 33431

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 08

2023

Signature of a member or authorized representative of a member

ANTHONY SALAZAR

Typed or printed name of signee

Filing Fee: \$25.00