LZ1000232922

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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05/27/21--01017--021 **25.00

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: A&A	Coding Billing	ncd(Diability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	ailene	Hemanelez Name of Person	
	ASA CO	Cling Belling L	LC
	<u>655 W.</u>	68th St ap	<u> 16</u>
	Hiai	Puh FL 33 014 City/State and Zip Code	/
		City/State and Zip Code Code	
For further information con	ecerning this matter, please ca	П:	
Quene H	INANALZ Person	at (<u>986</u>) <u>925</u> Area Code Daytime	-3274 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASA COAT BILLION LA (Name of the Limited Liability Company as it VA Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for Florida document number $\frac{21000232922}{2922}$	iled on May 19, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comes the new name must be distinguishable and contain the words "Limited Liability Comes".		previation "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)		
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	s on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	 忆
	Florida	· · · · · · · · · · · · · · · · · · ·
Cit	<i>i.</i>	Zip Cnde

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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
PR65	artene thinunder	655 W 68th Stapt 6 Hialeah FC 33014	🗆 Add
		Hialeah FC 33014	⊠ Remove
			🗆 Change
AMBR	ailene Hunandez	655 W 68th Stapt 6	5 Add
		Haliah FL 330/4	□Remove
			□Change
			🗀 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			Change

. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Note: If the date inserted	than the date of filing:
the record specifies a delayed cord is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 24	1.1de 1.10 100
	Signature of a member or authorized representative of a member
	alene Hinandiz Typed or printed name of signee

Filing Fee: \$25.00