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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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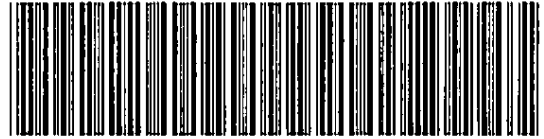
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BLUE.I.NE SIMULATIONS ASG, LLC

L 21000301515

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:

STEVEN I. GREENWALD, ESQ.

Name of Person

LAW OFFICES OF STEVEN I. GREENWALD, P.A.

Firm/Company

6971 NORTH FEDERAL HIGHWAY, SUITE 105

Address

BOCA RATON, FL 33487

City/State and Zip Code

SUSAN-GREENWALDLAW@ATT.NET

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

For further information concerning this matter, please call:

SUSAN MARGOLIES

Name of Person

at (561)
Area Code

994-5560

X 104
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)

already
submitted

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**

BLUE.INE SIMULATIONS ASG, 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 JUNE 30, 2021 and assigned
Florida document number L21000301515.

This amendment is submitted to amend the following:

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

~~ASG, LLC~~ ASG STRATEGIC, LLC

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

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 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:

New Registered Office Address:

Enter Florida street address

City, **Florida** 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

Title	Name	Address	Type of Action
			<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 checked="" type="checkbox"/> Add
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(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)

Dated JULY 22, 2021

SCOTT GREENBERG

Filing Fee: \$25.00



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Detail by Entity Name

Florida Limited Liability Company
BLUE.INE SIMULATIONS ASG, LLC

*please change to
ASG Strategic, LLC*

Filing Information

Document Number L21000301515
FEI/EIN Number NONE
Date Filed 06/30/2021
State FL
Status ACTIVE

Principal Address

2800 SOUTH OCEAN BOULEVARD
23 LM
BOCA RATON, FL 33432

Mailing Address

2800 SOUTH OCEAN BOULEVARD
23 LM
BOCA RATON, FL 33432

Registered Agent Name & Address

GREENBERG, SCOTT
2800 SOUTH OCEAN BOULEVARD
23 LM
BOCA RATON, FL 33432

Authorized Person(s) Detail

Name & Address

Title MGR

GREENBERG, SCOTT
2800 SOUTH OCEAN BOULEVARD, 23 LM
BOCA RATON, FL 33432

Annual Reports

No Annual Reports Filed

Document Images

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