K21000414615

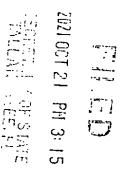
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A. BUTLER NOV 0 2 2021

COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT: ASM	eran Hoveti Name of Limi	me LLC ted Liability Company	
	Amendment and fee(s) are sub-		
	Stepha	nie L. Grimes Name of Person	<u>. </u>
	Asher	an Movetime L. Fim/Company	LC
	1104 Wood	Hill Place #1	104
		City/State and Zip Code	
Fue familia de Composição a		en arimes é amau o be used for future annual report notif	CCTTI fication)
For further information c	oncerning this matter, please ca		
Stephanie Name o	f Person	at (<u>954</u>) <u>955</u> Area Code Daytimo	2790 e Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF [51] [7]

	2021 OCT 21 PM 3: 15
	CECHETAL OF STATE
The Articles of Organization for this Limited Liability Co	ompany were filed on September 20, 2021 and assigned
Florida document number <u>L21 000414615</u>	_·
This amendment is submitted to amend the following:	
(If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
MGR_	Trinidad Formoso	1831 NW 36 Terrace	□ Add
		Fort Lauderdale, FL 333 11	X Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
		 -	□Remove
			□Change
			□Add
			□Remove
			☐ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>ote:</u> T	tre date, if other than the date of filing: (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
ecord is file	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 d.
ited <u>-</u>	October 18 10/18/20 : 2071
	Fignature of a member or authorized representative of a member
	The guarantees of the control of the