122000069593

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	—
Special Instructions to Filing Officer:	
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Y. SCOTT APR 16 2022

COVER LETTER

TO: Registration So Division of Co			
ASEDAN			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARISMARA REYNA		
		Name of Person	
	ASEDAN LLC		202
		Firm/Company	2HAI
	9723 S DIXIE HWY		3
		Address	
	PINECREST, FL 33156		2022 HAR 31 PH 2: 3
	·	City/State and Zip Code	/·.
	OCEANTAXANDSERVIC	CES@GMAIL.COM to be used for future annual report notificati	
For firsther information of		•	on,
	concerning this matter, please c		
ARISMARA REYNA		305 215 1300 at ()	
Name o	of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Section	n
Division of C	Corporations	Division of Corpora	ations
P.O. Box 632 Tallahassee,		The Centre of Talla 2415 N. Monroe St	
-,		Tallahassee, FL 323	

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

ASEDAN LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	iny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on FEBRUARY	, 10 2022	and assigned
Florida document number L22000069593	<u></u> .			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
ASEDAN LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation	"LLC" or the abbr	evision "L.L.C."
Enter new principal offices address, if applicat	ole:			<u> </u>
Principal office address MUST BE A STREET	ADDRESS)		• • • • • • • • • • • • • • • • • • • •	ω
			12 T	- M
			:	% 5
Enter new mailing address, if applicable:		9723 S DIXIE HWY	7골	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		PINECREST, FL 33156		Ф
3. If amending the registered agent and/or registered office address			nter the name	of the new regis
Name of New Registered Agent:				
Name of New Registered Agent:	0702 0 011/10	113337		
Name of New Registered Agent: New Registered Office Address:	9723 S DIXIE I		ddrass	<u> </u>
	9723 S DIXIE I	Enter Florida street a	ddress , Florida ³³¹⁵	

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>Ty</u>	
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			□Remove
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ective date, if other than	the date of filing	02/10/2022		(ont	ional)		
effective date is listed, the date e: If the date inserted in thi	must be specific and	cannot be prior to	date of filing or mo	re than 90 days after	er filing.) l	Pursuant t	o 605.020
ument's effective date on th	e Department of S	tate's records.	ic statutory ming	requirements, ti	iis date w	an not b	c nsecu a
cord specifies a delayed effe s filed.	ective date, but not	an effective time	e, at 12:01 a.m. o	n the earlier of: (b) The	90th day	after the
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ed	•						
	· · · · · · · · · · · · · · · · · · ·	IA.					
			ed representative of				_
· · · · ·	Signature of a n	C-WII-					

Filing Fee: \$25.00