## L22000233180

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** AS FLORIDA BUSINESS LLC SUBJECT: 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: ADRIAN GARCIA Name of Person AS FLORIDA BUSINESS LLC Firm/Company 9712 MIA CIRCLE, UNIT 2306 Address ORLANDO, FL 32819 City/State and Zip Code ASBUSINESSLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 830 - 0970 ADRIAN GARCIA Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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**

## AS FLORIDA BUSINESS LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	iability Company)	_		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000233180</u> .	were filed on	and assigned		
This amendment is submitted to amend the following:		<i>-</i> 2		
A. If amonding name, anter the new name of the limited light	litu aammanu harar	**************************************		
A. If amending name, enter the new name of the limited liabi	nty company nere:	•		
		, 		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation L.L.C."		
Enter new principal offices address, if applicable:				
• •				
(Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>			
Enter new mailing address, if applicable:				
* **				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	<u></u>			
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	Ciţ	гір Соце		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	re to act in this capacity. I fu	rther agree to comply with t		
provisions of all statutes relative to the proper and complete				
accept the obligations of my position as registered agent as p	rovided 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

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
AMBR	SILVANA CASTILLO	9712 MIA CIRCLE, UNIT 2306	□Add
		ORLANDO, FL 32819	<b>≡</b> Remove
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Effective date, if other than the	he date of filing: oust be specific and cannot be prior to da	(option	al)
Note: If the date inserted in this	block does not meet the applicable	statutory filing requirements, this d	ate will not be listed as t
document's effective date on the	Department of State's records.		
e record specifies a delayed effect rd is filed.	tive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
	2023		
JULY 07 Dated	, ·, ·		
Dated JULY 07			

Typed or printed name of signee