8/29/22, 4:40 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000292743 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052

: (305)591-9180 Fax Number : (305)591-9167

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASAPA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

. 17 2002

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASAPA LLC		
(Name of the Limited (A	Lightlity Company as it now appears on o Florida Limited Liability Company)	ur records.
The Articles of Organization for this Limited Liab	pility Company were filed on 08/16/20	22 and assigned
Florida document number 1.22000360572	_ ,	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designa	non "L.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ls, <u>eater the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	rect 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 fun her 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>	Address	Type of Action
MGR	OSPINA, ADRIANA M	9737 NW 41 STREET SUITE 616	□Add
		МТАМІ, FL 33178	≅Remove
			Change
		·	©Add
			□Remove
			☐ Change
			CAdd
			□Remove
			Change
		•	□Remove
			Change
			□Add
			Петоvе
			□Add
			□Remove
			Chassa

 					
			•		
····					
					
-			 -		
				<u> </u>	
	·				
			•		
		· <u>.</u> .			
			·		
					
		 .—			
					
ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ock does not meet the ap	plicable statutory fil	more than 90 days ing requirements	optional) afte: filing.) Pursuant to , this date will not be	605.020 listed a
record specifies a delayed effective is filed.	: date, but not an effecti	ve time, at 12:01 a.n	i, on the earlier o	of: (l:) The 90th day	after the
ated August, 26th	2022				
Sauting p Os	blog,	· ·			
(1)			•		
	Signature of a member or	authorized representati	ve of a member	 -,	-