## L22 000 377 410

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

Office Use Only



100394310351

09/22/22--01011--025 \*\*25.00

2022 SEP 22 AM IO: 02 SECRETARY SEE STATE

## **COVER LETTER**

Division of Cor			
AS GRAD	ING LLC		
SCBJr,C1;		sited 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:	
	NOE MALCA		
		Name of Person	_
	MALCA TAX SERVICE	S INC	
	<del></del>	Firm/Company	_
	5245 RAMSEY WAY SU	TTE 7	
		Address	_
	FORT MYERS FL 33907		
	<del>,</del>	City/State and Zip Code	_
	MALCATAX@GMAIL.Co		
		to be used for future annual report notification)	~3
For further information c	oncerning this matter, please c	all:	N22 SEC
NOE MALCA		239 810-8998 at ( )	SEP
Name o	f Person	Area Code Daytime Telephone Numbe	PILL IN IO: 0 2022 SEP 22 AH IO: 0 SECRETARY OF STA
			SSS I
Enclosed is a check for the	he following amount:		ms to
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	iling Fern (*) ate of Status &
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C		Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS GRADING LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records. ed Liability Company)	.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 08/29/2022	and assigned
Florida document number 1.22000377410		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
the new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "ELC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>- , ,                                 </del>	- <del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		2022 SEP 22 AM SECRETARY OF TALLAHASSH
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here;	ee address on our records, <u>enter t</u>	he name of the few register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F1	••
	City Flor	rida

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MIREYA RODRIGUEZ	650 HOWELLS CIRCLE DR	≣Ad∂
		FORT MYERS FL 33905	□Remove
			□Change
			□Add
			·
			2022 SECRETARY
			ARY OF STATE Change
			□Change
			□Remove
		<del></del>	□Change
			□Remove
			□Add
			□Remove
			Tit hanna

Page 2 of 3

			<del></del>				<u> </u>	-
			<u> </u>		· <del></del>			•
			<u>.</u> .		- <del></del>			-
								-
-								-
							· –	-
								-
<del> </del>				<del></del>			~	-
<del></del>						TALL	2022 S	
				_ <del></del>	<del></del>	25	SEP 2	ران ا مستعد مستعدر
				<u> </u>		RY OF	2	
			··· • • • • • • • • • • • • • • • • • •				<u>P</u>	
			· · · · -		·	一至	- <del>2</del> 0	-
						<del>.</del>		-
				· <del></del>			<del> </del>	-
								_
		09/18/20:	77					
Effective date, if other than the (If an effective date is fisted, the date mus Note: If the date inserted in this ble document's effective date on the Do	t be specific ar ock does not	ng: nd cannot be pri nicet the app	or to date of fil icable statute	ing or more than 5 ory filing require	(optiona 0 days after filir ments, this da	ig.) Pursua	mt to 605 of be list	5,0207 ( ted as t
the record specifies a delayed ) The 90th day after the rec			not an effe	ctive time, at	: 12:01 a.m	on th	e earli	er of:
Dated SEPTEMBER 18	OK-	2022	·					
1								

Page 3 of 3

Filing Fee: \$25.00