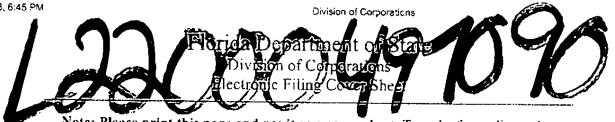
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(((H23000136065 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHBROUNE ENTERPRISE LLC

Certificate of Status	0
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Page Count	07
Estimated Charge	\$25.00

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TO:

COVER LETTER

	egistration So ivision of Cor			
SUBJECT	ASHBROU	INE ENTERPRISE LLC		
		Name of Lin	aited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please rema	m all correspo	ondence concerning this matter	to the following:	
		JAMILE, SMITH		
			Name of Person	
		ASHBROUNE ENTERPR	ISE LLC	
			Firm/Company	·
		250 ASHBOURNE DR.		
			Address	and the state of t
		ORLANDO, FL 32835		
		ACCOUNTANT@TAXZO	City/State and Zip Code	
		•	to be used for future annual repor	1 notification)
For further	information c	oncerning this matter, please co	all:	
JAMILE, S	МІТН		407 888-313	31
	Name of	f Person		aytime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 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

appears on our records.) appears)
on 11/21/2022 and assigned
any here:
"the designation "LLC" or the abbreviation "L.L.C."
<u>~</u>
202
777
2
our records, enter the name of the new registere
-
ter Florida street address
, Florida

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	JAMILE, SMITH	250 ASHBOURNE DR.	■Add
		ORLANDO. FI. 32835	DRemove
]Change
MGR 	ASHBOURNE ENTRPRISE LLC	250 ASHBOURNE DR.	ddd
		ORLANDO, FL 32835	≡ Remove
			Change
	-		
			Remove
			Change
			JAċd
]Change
******			Dád
			Remove
			□Change
·			⊒Add
			□Remove
			□Change

D. If amending a	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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Note: If the date	other than the date of filing:	7 (3)(b) i the
If the record specifies record is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated APRIL 11	2023	
	amile Smilly - Ashborne Enterprise uc	
<u> </u>	Signature of a member or authorized representative of a member	
JAMI	E, SMITH H. G.Q.	
	Typed or printed name of signee	