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(((H23000179798 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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∄ an	nual	repor	t mailin	gs.	Enter	only	one	email	add:	res	s ple	ase.	**

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **A&S PROMOTIONS LLC**

Certificate of Status	0
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MAY 1 6 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&S PROMOTIONS LLC	•
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000106227	y were filed on 02/28/23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	7023 :
(Muiling address MAY BE A POST OFFICE BOX)	
	<u>v</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	<b></b>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zin 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 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 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	ara sahakian	43848 seedling terrace	XiAdd
		punta gorda fl 33982	□Remove
			□Change
			□Add
			□Remove
		<del></del>	☐Change
			□Add
			□Remove
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			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

. II amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Note: If the	date, if other than the date of filing:
e record sp rd is filed.	ecifies 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	May 15 2023 .  Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Robin Jones
	Typed or printed name of signee

Filing Fee: \$25.00