13000150653

(Re	questor's Name)	
ĎA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

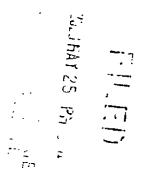




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7/19/23 VW



COVER LETTER

TO:

Registration Section

Divi	sion of Co	rporations		
	ASHECRA			
SUBJECT:		Name of Lin	nited 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:	
		YOASHIE ASHE		
		-	Name of Person	
		ASHECRAFT LLC		
			Firm/Company	
		14813 PEDIDO DRIVE		
		_	Address	
		ORLANDO, FL 32828		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		ASHECOURAGE@YAHO		
			to be used for future annual report no	otification)
For further in	formation c	oncerning this matter, please c	all:	
YOASHIE A	SHE		407 789-7936 at ()	
1,7	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres		Street Address:	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHECRAFT LLC

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our I Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{03/20/2023}{}$		_ and assigned
Florida document number L23000150653			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
ASHE ARTISTIC LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			-
			<u> </u>
			AH TI
Enter new mailing address, if applicable:			A
(Mailing address MAY BE A POST OFFICE BOX)			C7 :
The state of the s			-C ,
		- '	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, §	enter the name o	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Emer Florida street e	address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my dutic provided for in Chapter	es, and I am fam 605, F.S. Or, if t	niliar with and this document is

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
			□ Add
			□Remove
			⊡Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
		Change	
		□Add	
		□Remove	
		□Change	
	1-1-1-1	□Add	
	4H-FHF -	□Remove	
			□Change

). If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
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Note: 1	e date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	4-14-2-3
	Signature of a member or authorized representative of a member
	YOASHIE ASHE
	Typed or printed name of signee

Filing Fee: \$25.00