

L23 ~~000~~ 288145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

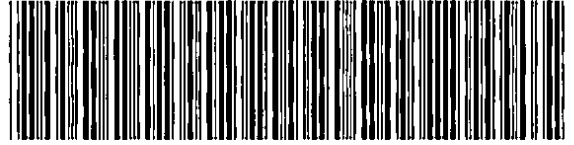
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DIVISION OF CORPORATIONS

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2023 AUG 24 AM 10:40

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 AUG 24

R. HUNT

08/24/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: I20210000160: \$25.00\_\_\_\_\_

Authorization Signature: \_\_\_\_\_ *Jan Yule* \_\_\_\_\_

Ashton Oaks Management, LLC

Business

Document #

\_\_\_ **Certified Copy of complete file**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit Corp  
\_\_\_ Not for Profit  
\_\_\_ Officer/Director  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**  
\_\_\_ **LLLP**

**AMENDMENTS**

\_\_\_ **X** Amendment  
\_\_\_ Resignation of R.A.  
\_\_\_ Articles of Dissolution  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Merger  
\_\_\_ **Conversion**  
\_\_\_ **Amended and restated Articles**  
\_\_\_ **Statement of FACT**

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ APOSTILLE: \_

COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement  
\_\_\_ OTHER

**EXAMINER'S INITIALS: \_\_\_\_\_**

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
2023 AUG 24 PM 12:40

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASHTON OAKS MANAGEMENT, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catheryne Mora

\_\_\_\_\_  
Name of Person

Casal & Moreno, P.A.

\_\_\_\_\_  
Firm/Company

201 Alhambra Circle, Suite 702

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

cmora@casalmoreno.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catheryne Mora

305

476-5080

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

**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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
2023 AUG 24 PM 12:40

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ASHTON OAKS MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 15, 2023 and assigned  
Florida document number L23000289145.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RINCON, HUMBERTO	8970 SW 9 TERR.	<input type="checkbox"/> Add
		MIAMI, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CORPORATIONS

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2008 AUG 24 PM 12:40

1. **FILED**  
CLERK OF DISTRICT COURT  
DIVISION OF CORPORATIONS  
2028 AUG 24 PM 12:40

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated August 23, 2023

Signature of a member or authorized representative of a member

Luis Becker, Manager

Typed or printed name of signee