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(((H24000017077 3)))



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Division of Corporations

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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. \*\*

Email Address: ACCOUNTANTANTON ZONEFT. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASN ORLANDO LLC

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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: ASN OR	LANDO LLC		
CODUCT.	Name of Li	mited Liability Company	
	of Amendment and fee(s) are su		
Please return all corresp	pondence concerning this matte	to the following:	
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	TAX ZONE INC		
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	8865 COMMODITY CIR	* **	
		Address	
	ORLANDO, FL 32819		
	ACCOUNTANT@TAXZO		
For further information	H-mail address: concerning this matter, please c	to be used for future annual report noti- all:	(ication)
ED KOTLER		407 888-3131	
Name (	of Person	Atea Code Daytina	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fec	☐ \$30.00 Filing Fee & Corfificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$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

ASN ORLANDO LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Li	mited Liability Comp (A Florida Limited	pany av it new appears on ( Liability Company)	nir records.)			
The Articles of Organization for this Limited Florida document number L24000012749	Liability Compan	y were filed on 01/04/20	024	· · · · · · · · · · · · · · · · · · ·	and ass	igned
This amendment is submitted to amend the fe	ellowing:					
A. If amending name, enter the new name	of the limited lia	bility company here:				
The new name must be distinguishable and contain the	words "Limited Laab	ility Company." the designa	tion "LLC" or I	he abbrevi	ation "L.I	
Enter new principal offices address, if appi						
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:		2401 ROLLING BRO	OAK DR	SECRETATION	2024 J <i>I</i>	-14
Muiling address MAY BE A POST OFFIC	<u>E BOX)</u>	ORLANDO, FL 3283	?	<b>A</b> 2	<b>=</b>	
3. If amending the registered agent and/or spent and/or the new registered office addr	registered office ess here:	address on our record	s, <u>enter the t</u>	S S E	<u> </u>	register
Name of New Registered Agent:				·	<del></del>	
New Registered Office Address:	2401 ROLLING	G BROAK DR Enter Florida sin	est address			
	ORLANDO			32837		
		City		7i	o 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

Title	<u>Name</u>	Address	Type of Action
AMBR	OHAYON, ALAIN	2401 ROLLING BROAK DR	
		ORLANDO, PL 32837	
			OAdd
			□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ord is file	
Dated_	January 12 103-4 Signature of a member of authorized representative of a member
	Along OHOUN Typed or printed name of signee