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COVER LETTER

10: Registration Se Division of Cor				
AASZ LLC SUBJECT:				
SUBJECT:		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for liting		
		-		
Please return all correspo	ondence concerning this matter	to the following:		
	MIHIR PARIKH			
		Name of Person		
	AASZ LLC			
		Firm/Company	-	_ :
	14418 BROADHAVEN B	SLVD		
		Address		— ·
	OLRANDO FL 32828			
		City/State and Zip Code		
	MIHIR.PARIKH84@GMA			03
	E-mail address: (to be used for future annual report not	ification)	•
For further information c	oncerning this matter, please c	all:		
MIIIIR PARIKH		1 619-987-48- at ()	49	
Name o	f Person	Area Code Daytin	ne Telephone Numb	<u>е</u> г
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & cd Copy (al copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection	
Division of C		Division of Con		
P.O. Box 632		The Centre of T		010
Tallahassee, I	r に 32314	2415 N. Monro	e street, Suite	δIU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) ty Company)	
e filed on JAN 31, 2024 and assig	gned
company here:	
ompany," the designation "LLC" or the abbreviation "L.L.	.c."
<u> </u>	
- i:	
1-11-09	
ess on our records, enter the name of the new	regis
Entar Elavida etrast addrese	
	empany here: Impany here: Im

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>	Type of Action
AMBR	PRIYANKA PANCHAL	14418 BROADHAVEN BLVD	□Add
		ORLANDO FL 32828	■Remove
			□Change
			□Add
			□Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of e: If the date inserted in this block does not meet the applicable statutory fil ument's effective date on the Department of State's records.	or more than 90 days a		
·			
filed.	m. on the earlier of	: (b) The 90	th day after th
Mihiz. P. Panikh			

Filing Fee: \$25.00