## L24000148754

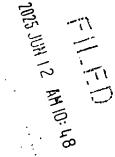
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations		
ASM GLO	BAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MEITAL BENSHOSHAN		
	<del></del>	Name of Person	
	ASM GLOBAL LLC		
		Firm/Company	
	500 UNIVERSITY AVE A	APT 1610	
		Address	
	HONOLULU, HI 96826		
		City/State and Zip Code	<del></del>
	BK@BH-SERVICES.COM		
	E-mail address: (	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
SHELLY HANOCH		702 8290717	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
= 325.00 Time 1 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Se	ection
Registration : Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

FILED 2025 JUN 12 AM 10: 48

ASM GLOBAL 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  $\underline{03/27/2024}$ and assigned Florida document number L24000148754 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_, Florida \_\_\_\_

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
MGR	AVYATAR S COHEN	5329 CAMERON ST UNIT 104	<b>≣</b> Add
		LAS VEGAS NV 89118	Remove
			□Change
MGR	ALON SCHWARTZ	45 SW 9TH ST APT 3504	
		MIAMI, FL 33130	Remove
			Change
			□ Add
			□Remove
			□ Change
			Remove
			□Add
			□Remove
			Change
			□Remove
			□Change

REMOVING MEMBER ALON SCHV	VARTZ		
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ctive date, if other than the date of t	filina:	(option	nal)
effective date is listed, the date must be specificated in this block does ment's effective date on the Department	ic and cannot be prior to date of fil not meet the applicable statuto	ing or more than 90 days after fi	iling.) Pursuant to 605.0
ord specifies a delayed effective date, bu filed.	it not an effective time, at 12:0	l a.m. on the earlier of: (b)	The 90th day after t
d JUNE 04	2025		
u			