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08/19/24--01002--001 **25.00



VOID



THIS COMPANY FILED A DISSOLUTION ON JUNE 17TH ONLINE SO THIS NAME CHANGE SHOULD NOT HAVE BEEN FILED.

DCC 06/27/24

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	A3B	85c	Criter Prise ((C	
			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:

	Asia Brac	Name of Person		
	A3 B S50	Enterprise LCC		
		Firm/Company		
	158 SIDHA — Modisci	Address		197
	P PARdKSCHOH	FC 32340 City/State and Zip Code		SECRETA JUNI 1
	Support O Char E-mail address: (on the used for future annual report noti	C. (OM)	- 169 /10 D - 169 - 17
For further information co	oncerning this matter, please co	all:		PH 3: 28
Name of	Codd S	at (<u>30x') 5/0'</u> Area Code Daytim	() () 3 () e Telephone Number	
Enclosed is a check for th	e following amount:			
⊒-\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificate Certified	e of Status &

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

(additional copy is enclosed)



VOID

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11313 350 End (Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on <u>しん / / / えの 24</u> and assigned <u>514 ら</u> .
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the Changing Cones Enter The new name must be distinguishable and contain the work	he limited liability company here: On 585, CCC ds "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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	The in
agent and/or the new registered office address	istered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	
New Registered Office Address:	158 SID Hall St Enter Florida street address
	Marcha State (1) City , Florida 323((1) 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

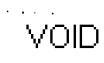


If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MOID

MGR = M $AMBR = A$	anager uthorized Member	VOID	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			
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fan effectiv <mark>e</mark> Note: If the	ate, if other than date is listed, the date e date inserted in thi effective date on th	must be specific s block does n	and cannot be of meet the ap	plicable statute	ling or more than ory filing requir	(option 90 days after fi ements, this c	ing.) Pursuant to 6	05.0207 (isted as t
					llam on the e	arliar of: (b)	The O0th day at	Gar tha
record spe d is filed.	cifies a delayed effe	cuve date, but	not an effecti	ve mne, at 1210	or a.m. on the e	arner 01. (0)	The John day at	ici iiic
Dated				,				
	\bigcirc	12	>		sentative of a me			
	1/1/	1						
_	0.3	Signature o	of a member or	authorized repre	sentative of a me	mber		

Filing Fee: \$25.00