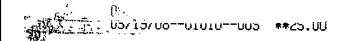
LB8000044354

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EXAMINER

08 MAY 19 PM 4: 13

DIVISION OF CORPORATION

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: ASTOR I	RUREY, LLC (Name of Limi	ted Liability Company)		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	John S. Bohatch, Esq.			
		(Name of Person)		
	Guttenmacher & Bohatch			
		(Firm/Company)		
	7301 SW 57th Court, Sui			
(Address)				
	South Miami, FL 33143			
		(City/State and Zip Code)		
For further information cor	ocerning this matter, please ca	all:		
John S. Bohatch, Esq.		at (305) 666-1040		
(Name of	Person)	(Area Code & Daytime To	elephone 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ASTOR RUREY, 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 Florida document number L08000044354	Company were filed on May 2, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flor	rida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Sarah Elizabeth Rurey	730 Ocean Inlet Drive Boynton Beach, FL 33435	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	_
			- -
Dated May 14		008	
-	Signature of a me	ember or authorized representative of a member	
	John S. Bohatch. A	uthorized Representative	
_	T	vped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00