25117

(Requestor's Name)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
SUBJECT:	ASTAL TR Name of Limi	2014	LLC	
	Name of Lim	ited Liability Comp	any	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	MUHAMMAD	S A-A D Name of Pe	A-LI, CF	HAUDHA-RY
	COASTAL	TRANS Firm/Comp	LLC	
	824 Rob	in hood Address	Dr.	
· .	Maitland	City/State and 2	32751	-
	Coastaltran E-mail address: (to be used for futur	mal b. com	tion)
For further information co	oncorning this matter, please c		·	•
1 yhammad Saal Name o	ALi. Chauch	at (60 Area C	ode Daytime To	1-3 2-3 Elephone Number
Enclosed is a check for th	e following amount:			
② \$25.00 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	Certified		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	_	Street Address: Registration Section	οn
Division of C	orporations	į	Division of Corpo	rations

The Centre of Tallahassee

Tallahassec, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 1/1/2014 and assign Florida document number 10000 25117 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 "LLC 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 reagent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code	(Name of the Limited L	as it now appears on our reco	rds.)
Florida document number L2400025117 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(A Florida Limited Lia	bility Company)	
Florida document number L2400025117 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 register and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liability Company w	ere filed on $\frac{1}{12}$	and assigned
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 ubbreviation "LLC" 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		, ,	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address			<u>΄</u> , ω
Enter Florida street address	agent and/or the new registered office address here:	ldress on our records, <u>ent</u>	er the name of the new regis
	New Registered Office Address:		
, Florida		Enter Florida street addi	ress
City Zip Code			Florida
New Registered Agent's Signature, if changing Registered Agent:		City	Zip Code
	ereby accept the appointment as registered agent and agree	to act in this capacity. I	further agree to comply with

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

Title	<u>Name</u>	Address	Type of Action
N-100	2000	2	1643
A-MBR	SAAD CHNUDHARY	203 Caikran PL Horlock MD	🖸 Add
			⊠Remove
			Change HS AC
AM <u>BR</u> M	WHAMMAD SAAD ALL CHAUDHA	203 Co. Kran Pl, Hustock 184 MD 21643	-
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			🗆 Remove
			Change
			🗀 Add
			🗖 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
/
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3): Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated March 20 2024
Signature of a member or authorized representative of a member
MUHAMMAD SAAD ALZ CHAUDHARY Typed or printed name of signee

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Filing Fee: \$25.00