F1700000 1813

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(Address)
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COVER LETTER

10: Amendment Section Division of Corporations
SUBJECT: Astonium Investments (A, Inc
DOCUMENT NUMBER: F1700001813
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rodujto Alvanet
. value of contact retroit
Astorium Investments CA, Inc
Firm/Company
951 Brickell Ave, #7206
Address /
Miam FC 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 3901070 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
☐\$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, ☐ \$52.50 Fi

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

, TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ASTORIUM INV	ESTMENTS, C.A. INC.					
DOCUMENT NUMBER: F1700							
The enclosed Articles of Amendm	ent and fee are st	ubmitted for filing.	-				
Please return all correspondence co	oncerning this ma	atter to the following:					
RODOLFC	ALVAREZ						
		Name of Contact Person	1				
ASTORIUS	ASTORIUM INVESTMENTS CA INC						
Firm/ Company							
951 BRICKELL AVE PH2, APT, 4206							
Address							
MIAMI, FL	.33131						
		City/ State and Zip Code	2				
ralvarez@a	storiuminvestmer	nts.com					
E-mail	address: (to be u	sed for future annual report	notification)				
		· ·	·····				
For further information concerning	this matter, plea	se call:					
HAROLD ALVAREZ		786 at (3901070				
Name of Contact Po	erson		le & Daytime Telephone Number				
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	artment of State:				
	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Sect Division of Corpe P.O. Box 6327 Tallahassee, FL 3	ion orations	Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee 1. Monroe Street, Suite 810				

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2020

RODOLFO ALVAREZ ASTORIUM INVESTMENTS, C.A., INC. 951 BRICKELL AVE., PH 2, APT 4206 MIAMI, FL 33131

SUBJECT: ASTORIUM INVESTMENTS, C.A. INC.

Ref. Number: F17000001813

We have received your document for ASTORIUM INVESTMENTS, C.A. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Foreign Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00009258

Diane Cushing Senior Section Administrator

www.sunbiz.org

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

_	(Document number of corporation (if known)			
N - 1 :	(Document number of corporation (it known)	/ A	1.	
1. ASTOMI	Jul Much many	(1.1)	14	<u> </u>
(Name	of corporation as it appears on the records of the Department of S	State)		
2. Ve Ne ZUENA (Incorporated un	3. OG / [9]	1 T	. 1 .	
(meorporated un	der laws of) (Date authorized to de	o business in Fior	ida)	
•	SECTION II 4-7 COMPLETE ONLY THE APPLICABLE CHANGES)			
*	of the corporation, when was the change effected under the laws of	of its jurisdiction	of	
-				
(Name of corporation after the amen not contained in new name of the cor	dment, adding suffix "corporation," "company," or "incorporated poration)	l," or appropriate	abbrev	viation, if
(If new name is unavailable in Florid	a, enter alternate corporate name adopted for the purpose of trans	acting business in	n Flori	da)
6. If the amendment changes the p	eriod of duration, indicate new period of duration.		O HAY I	SECRETAL ISLOW OF
-	(New duration)		8 PH	SA OUR BAY OU ILEO
7. If the amendment changes the ju	risdiction of incorporation, indicate new jurisdiction.		Н 3: 25	F STATE PORATION
	(New jurisdiction)			S
E. If a monding the registered agent as	nd/or registered office address in Florida, enter the name of t	u.		
new registered agent and/or the ne		<u>ne</u>		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	, Florid	da .		
<u> </u>	(City)	(Zip Code)		
New Registered Agent's Signature	: if changing Registered Agent:			
I hereby accept the appointment as r	egistered agent. I am familiar with and accept the obligations o	f the position.		
Signature of New 1	Registered Agent, if changing			

Title/ Capacity <u>Name</u> <u>Address</u> Type of Action AROLD A Alvanez 951 Brickell Ave □Add Remove □Add Remove \square Add Remove \square Add Remove 0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00