(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

ALASTOR, LLC

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:



Name of Person

LILY'S PROPERTY ADMINISTRATION, LLC

Firm/Company

6301 SW 110 ST

Address

MIAMI, FL, 33156

City/State and Zip Code

liliparody@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliana Parody

,,305,**632202**9

Name of Person

Area Code & Daytime Telephone 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)

3H 13 H 5:0

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

ALASTOR, LLC

company has been notified in writing of this change.

(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 L. Florida document number L0400013109	iability Company	were filed on <u>02/18</u>	3/2004	arid assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
LILY'S PROPERTY ADMINISTRATIO	N, LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Company,	" the designation "L	LLC" or the abbreviation
Enter new principal offices address, if applicable:		LILIANA PARODY		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6301 SW 110 S	ST	
		MIAMI, FL 33156		
B. If amending the registered agent and/or the new registered of	fice address here	:	records, enter t	the name of the new
Name of New Registered Agent:	LILIANA PA	RODY		
New Registered Office Address:	6301 SW 110 ST			
-	Enter Florido street address			
	MIAMI			3156
New Registered Agent's Signature, if changing F	Registered Agent:	City		Zip\Code
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi- being filed to merely reflect a change in the	roper and compl stered agent as p	ete performance of rovided for in Chap	my digies, and I o oter 608, F.S. Or	am familiar with and If this document is

Page 1 of 3

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
MGRM	LILIANA PARODY	6301 SW 110 ST	Add
		MIAMI, FL 33156	Remove
MGR	LILIANA ANGEL	6301 SW 110 ST	Add
		MIAMI, FL 33156	Remove
			13 HAY 3 Add Remove
			Add
			Remove
			Add
			Remove
 			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Dated _	May 6 2013
	Signature of a member or authorized representative of a member
	Liliana Parady
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

