LOW 000073531

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800383254708

34 77 (2 717) 2 1 1 4425.00

SECRETARY OF STATE
TALLAHASSEE, FL

O Change 1

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: A Stra Integrated Technologies, 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:	
Pazvan Rusovici Name of Person	
Astra Integrated Technologies, 1	LC
3547 Hitching Rail Ct.	
Viera Fl 32956 City/State and Zip Code YYUSOVICI @ YUNOO. COM E-mail address: (to be used for future usual report notification)	
For further information concerning this matter, please call:	
Pazvan Rusovici at (321) 525-1194 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy Certificate of Certificate of Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCERTIFIED COPY (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -5 AM 7: 17

A STVA In Flegrated Techologi-EECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our reconst. LAHASSEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	ny were filed on $7/24/2000$ and	d assigned
	,]	
Florida document number L000007353	' I	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	ibility Company," the designation "LLC" or the abbreviation	on "L.L.C."
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)		
the state of the s		
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the	e new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	, Florida	Coda
	· ·	. WHE
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mg R	Razvan Rusovici	3547 Hitching Pail Ot Viera, FL 32955	·Add
	12 430VICA	viera, FL 32955	□Remove
			□ Change
DR	Razian Rusovici	3547 Hitching Rail Ct Viera, FL 32955	<u>·</u> _ □Add
	KUSOVICI	viera, FL 32955	PRemove
			□Change
			□Add
			[]Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
		·	□Remove
			🗆 Change

					<u></u>					
				_				-		
	,									
			-							
										
			-							
			·							
			_							
					•					
						 				
								,		
						-				
Maetiva date	if ather that	a the date of	filing:				(optional)		
ffective date, an effective date ote: If the dat	is listed, the dat	te must be speci	itic and ca	innot be pri	or to date of	filing or more	than 90 days	after filing.)	Pursuant to 605 will not be list	,0207 ed as
<u>ote:</u> If the date ocument's effe	enserted in the ctive date on t	his block does the Departmen	s not med nt of Stat	te's record	ls.	tory timing i	.quirement	, tills date		
					,					
record specific Lis filed.	s a delayed eft	fective date, b	out not ar	i effective	time, at 12	:01 a.m. on	the earlier of	of: (b) - The	: 90th day afte	r the
	pril L	th_		20	22					
ated										
atedA						esentative of				

Typed or printed name of signee