Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886

: (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASTRA INVERSION, LLC.

Certificate of Status	0
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Page Count	01
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Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	AS I RA INVERSION, LLC	s on our records.					
<u> </u>	d Liability Company as it now appear (A Florida Limited Liability Company)						
The Articles of Organization for this Limited	Liability Company were filed on	02/23/2007	and assigned				
Florida document numberL070000	21271						
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited liability company her	Æ :	•				
			· 				
The new name must be distinguishable and end v "L.L.C."	with the words "Limited Liability Compa	my," the designation "I	LC" or the abbreviation				
Enter new principal offices address, if appl	icahlar		•				
(Principal office address MUST BE A STRE							
IX - HERE WITH VITTE HABITURE IN COA HOLAN STAY	-2 (4002(40)))		3 S S 6				
•							
Enter new mailing address, if applicable:		•	of TAR				
(Mailing address MAY BE A POST OFFICE	E BOX)		7000 7000 7000				
	·		PF				
D. If amounting the waited-			AAA AAA				
B. If amending the registered agent and registered agent and/or the new registered	nor registered office audress on o office address here:	our records, enter t	ne name opene prema				
Name of New Registered Agent:	CASTELLANOS, AIDA						
New Registered Office Address:	12 NE 1ST STREET						
	Enter Florida street address						
	MI <u>AMI</u>	, Florida	33132				
	City		Zip Code				
New Registered Agent's Signature, if changing	Registered Agent:						

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If Changing Registered Agent, Signature of New Ragistered 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 affice address, I hereby confirm that the limited liability

company has been notified in writing of this change.

MGR = Manager

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:

MGRM = Managing Member Type of Action Title <u>Name</u> <u>Address</u> MGRM. GONZALVEZ, LUIS A Add Z Remove 3100 SW 17TH STREET MIAMI, FL 33145 ☐ Add Remove □ Add Remove DDA 🗌 Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 16, 2010 Dated gnature of a member or authorized representative of a member **LUIS A GONZALVEZ**

Typed or printed name of signee
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