

L0800000 71325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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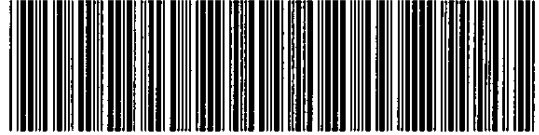
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 30 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Astana Capital 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:

Jeramy C Pritchett  
Name of Person  
Astana Capital LLC  
Firm/Company  
1023 Russell Drive #2  
Address  
Highland Beach, FL 33487  
City/State and Zip Code  
Jeramy pritchett201@hotmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jeramy Pritchett at (561) 901-3270  
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)

**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

Astana Capital LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/23/2008 and assigned  
Florida document number LO8000071325.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1023 Russell Drive #2  
Highland Beach, FL  
33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1023 Russell Drive #2  
Highland Beach, FL  
33487

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Winnie Pritchett

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered 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 office address, I hereby confirm that the limited liability company has been notified in writing of this change.

W. Pritchett

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>COO</u>	<u>John POWERS</u>	<u>22064 Palms Way Dr</u>	<input type="checkbox"/> Add
		<u><del>Boca Raton, FL 33433</del></u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Winnie Pritchett</u>	<u>259 Buttonwood Drive</u>	<input checked="" type="checkbox"/> Add
		<u><del>Key Biscayne, FL 33149</del></u>	<input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add
		<u>      </u>	<input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add
		<u>      </u>	<input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add
		<u>      </u>	<input type="checkbox"/> Remove
<u>      </u>	<u>      </u>	<u>      </u>	<input type="checkbox"/> Add
		<u>      </u>	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

Jeramy C Pritchett  
Signature of a member or authorized representative of a member  
Jeramy C Pritchett  
Typed or printed name of signee