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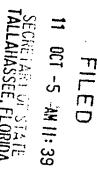
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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COVER LETTER

TO: Registration Section División of Corporations								
SUBJECT: ASTURIAN 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:								
	EDUARDO	O V. DEL RIO Name of Person						
		Firm/Company						
	1. 4 - 5.	00 21						
14135 SW 99 CF Address								
	,	Address						
MAMI, F.C. 33176 City/State and Zip Code								
City/State and Zip Code								
EDDYDELRIO@GMAIL.COM								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	O V. DELRIC	w. (_i_z)	527					
Name of	Person	Area Code & Daytime T	elephone Number					
Enclosed is a check for the	e 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 ORGANIZATION₁₁

FILED OCT -5 AND 12

A. If amending name, enter the new name of	the limited liab	ility company here	•	
EDUARDO V. DEL R	10, LLC	•		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compan	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	14135	5W99 W, FL-3	i C+
(Principal office address MUST BE A STREET	ADDRESS)	MIAN	MI, FE-3	33176
Enter new mailing address, if applicable:		14133	SW 99 11, Fl. 3	ct
(Mailing address MAY BE A POST OFFICE BOX)		KLIAN	11, Fl. 3	33196
B. If amending the registered agent and/or the new registered off			ır records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	1413	5 SW 99	04	
	Mi	AMI	r Florida street a , Florida	ddress 331 16
		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.

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 **Type of Action Address Title** <u>Name</u> MGR EDWARDOV. DEL RIO 14135 SW 99 CF MAD Remove ☐ Add Remove □ Add Remove Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized copresentative of Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00