

L110000035344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

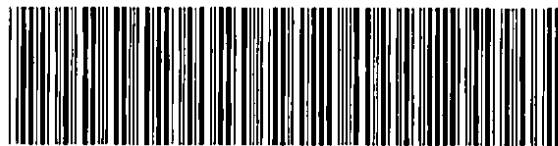
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8/14/23

SECRETARY

2023 JUN -8 AM 8:46

FILED

Amend.

AUG 14 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTORIA L.I.C., LLC

Name of Limited Liability Company

Mailed to
Dept. of State
on 6-5-23

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD P. CATON, ESQ.

Name of Person

RICHARD P. CATON, P.A.

Firm/Company

10863 PARK BLVD. SUITE 5

Address

SEMINOLE, FL 33772

City/State and Zip Code

rcaton@catonlaw.com

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

For further information concerning this matter, please call:

LINDA BALDANZA

727 643-3903
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN -8 AM 8:46

FILED

FILED
2023 JUN -8 AM 8:46
SECRETARY OF THE
TREASURY
and assigned

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

This amendment is submitted to amend the following:

N/A

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

N/A

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LINDA BALDANZA	7366 138TH ST. N., SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VERONICA BALDANZA	17023 DOLPHIN DRIVE N., REDINGTON BEACH,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Veronica Padanga Attorney in fact
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00