L11000035344

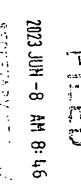
(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
(Gity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Falix Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CK was casted couldn't get a character.
a char capy of
Dre attached.

Office Use Only



100412574361

8/14/23



brund

AUG 1 4 2023 D CUSHING

REPUBLIC

8/10/2023 10:16 AM

MONEYMGR FREE BUSINESS

******7087

Richard P. Caton, P.A. 10863 Perk Boulevard, Suite 5 Seminole, FL 33772

REPUBLIC BANK & TRUST CO 501 W MARKET BT LOUISVILLE KY 40202 73-131430

2774

DATE

06/05/2023

*****\$25.00

TWENTY-FIVE & 00/100 DOLLARS

ORDER FLORIDA DEPARTMENT OF STATE OF DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL 32314

#002774m

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

Document" verbidge on back of 25 003

Amount: S-25.00

Statement Description: CHECK

Check Number: 2774 Posted Date: 6/13/2023

Type: Debit Status: Posted

ENDORSE HERE

CHECK HERE IF MOBILE DEPOSIT

COVER LETTER

TO:	Registration Section Division of Corporations ASTORIA L.I.C., LLC CCT: Name of Limited Liability Company					Mailed to	
SUBJE						Moiled to Dept. of State	
		mendment and fee(s) are submidence concerning this matter to					
		RICHARD P. CATON, ESC				202 9-21	
			Name of Person			F JUN 2023 JUN SECRET	
		RICHARD P. CATON, P.A.					27 00 0
				~ ≪			
		10863 PARK BLVD. SUI	9863 PARK BLVD. SUITE 5				
			e e e e e e e e e e e e e e e e e e e	*			
		SEMINOLE, FL 33772	i i on				
		rcaton@catonlaw.com					
		E-mail address: (o be used for future annu	ual report notific	cation)		
For fu	rther information c	oncerning this matter, please co	ill:				
LIND	A BALDANZA		727 at ()	643-3903			
	Name o	f Person	Area Code	Daytime	Telephone Number		
Enclo	sed is a check for t	he following amount:					
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific		Certified	te of Status &	
	Mulling Addre Registration			t Address: istration Sec	etion		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

RTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASTORIA, L.I.C., LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2011 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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) aut zed to manage, enter the title, name, and dress of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	LINDA BALDANZA	7366 138TH ST. N., SEMINOLE, FL 33772	🗏 Add
			Remove
			Change
MGR	VERONICA BALDANZA	17023 DOLPHIN DRIVE N., REDINGTON BEAC	CH, ≅Add
			Change
			□Add
			🗀 Remove
			□Change
			□ Add
			🗆 Remove
			□Change
			□Add
			□Remove
			Change
		·	🗆 Add
			□Remove
			Change

 ,	
	
-	
_	
_	
(If an effect <u>Note:</u> If	e date, if other than the date of filing: 6-1-23 (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
f the record s ecord is filed	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
Dated	Nervnera Baldama attarney in Part
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00