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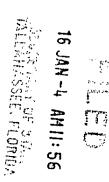
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			. .
SUBJECT: V	ENDITE ENTER BY Name of Lim	AGRS LLC ited Liability Company	····
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MICHA	EL VAZZO Name of Person	
		Firm/Company	
	13755	Docubon Hru Dh	
	Incusan	Address MILLY FL 37773 City/State and Zip Code	
	MUNZZO (E-mail address: (City/Stale and Zip Code City/Stale and Zip Code Lipural Stale Code City/Stale and Zip Code	cation)
For further information co	ncerning this matter, please ca	all:	
MIKE VAZ	Person	at (904) 534~ Area Code Daytime	747 Telephone 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 ORGANIZATION OF

VENDITA ENTER	CPAISES, L iability Company florida Limited Lia	as it now appears bility Company)	s on our records.)	_	
The Articles of Organization for this Limited Liabi Florida document number <u>しいのの</u> を790g	lity Company w 	vere filed on <u>C</u>	î s 01 3 01	1 and	assign	ed
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of the ASTROBLAST, LLC. The new name must be distinguishable and contain the words						
The new name must be distinguishable and contain the words						
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e: (<i>DDRESS</i>)	17755 C JACKSON	lub, FL	37773		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	1,3755 Jacksonli	Dowood	Huc 703	16 JAN	**************************************
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on	our records,	enter the pan	• •	the new
Name of New Registered Agent:					56	
New Registered Office Address:	12755	Do GWGOD Enter Flori	HILL DA			
-		Enter Flori NUILA City		ida <u>3</u> 998	13	
		City		Zip Co	de	

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Filing Fee: \$25.00