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Special Instructions to F	iling Officer:	
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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations				
	ASTAIN HOLDINGS OF FLORIE	OA, LLC		
SUBJECT:	Name of L	imited Liability Company		
The enclosed Arti	icles of Amendment and fee(s) are so	ubmitted for filing.		
Please return all c	correspondence concerning this matter	er to the following:		
	STACY SMALL			
		Name of Person		
	SMITH THOMPSON S	HAW		
		Firm/Company		
	3520 THOMASVILLE I	ROAD - 4TH FLOOR		
		Address		
	TALLAHASSEE, FL 32	TALLAHASSEE, FL 32309		
		City/State and Zip Code		
	E-mail address	: (to be used for future annual report notification)		
For further inforn	nation concerning this matter, please	call:		
STACY SMALL		850 893-4105 at ( )		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed is a che-	ck for the following amount:			
■ \$25.00 Filing	g Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NGS OF FLORIDA, LLC	<u></u>
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our re- Liability Company)	cords.)
he Articles of Organization for this Limited Liability Company lorida document number L13000145698		and assigned
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>er</u>	iter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street aa	ldress
		, Florida
<del></del>	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>	Address	Type of Action
MGR	B.J. CHASTAIN	3161 CLUB DRIVE	□Add
		MIRAMAR BEACH, FL 32550	Remove
MGR BENNY CHASTAIN	BENNY CHASTAIN	3161 CLUB DRIVE	■Add
		MIRAMAR BEACH, FL 32550	□Remove
	<del></del>		□Add
			□Remove
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		□Remove	
			□Change

. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the date is listed, the	than the date of filing:  date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
e record specifies a delayed is filed.	d effective date, but not an effective time, at \$2:01 a.m. on the earlier of: (b) The 90th day after the
Dated JUNE 7	2021
	Signature of a member or authorized representative of a member
	BENNY CHASTAIN
<u></u>	Typed or printed name of signee

Filing Fee: \$25.00