L1400008392

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Corp			
Astor 57tl	h, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
	Vanesa Suarez-Soli		
		Name of Person	
	The Astor Companie	es	
		Firm/Company	
	2601 S Bayshore Dr	rive, Suite 1800	
		Address	
	Miami, FL 33133		
		City/State and Zip Code	
	vanesa@astorcompa	INIES.COM to be used for future annual report notificatio	<u>n)</u>
For further information co	oncerning this matter, please ca	all:	
Vanesa Suarez-Sol	lis	786 6232810	
Name of	Person		phone 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)
Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURIER A Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETAIN OF STATE
TALLAHASSEE, FLORIDA

Astor 57th, LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Life Florida document number L14000008392	ability Company	were filed on 01/14/2014	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited lial	oility company here:	
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	fice address he	<u>re</u> :	, enter the name of the nev
Name of New Registered Agent:	Henry Torr	es	
New Registered Office Address:	2601 S Ba	yshore Drive, Suite 1800	
	N 41 m !	Enter Florida street addres.	
	Miami	, Flo	orida 33133 Zip Code
		Cny	zip Cone

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Henry Torres	2601 S Bayshore Drive, Suite 1800	
		Miami, FL 33133	Remove
AMBR	Astor Property Holdings,	2601 S Bayshore Drive, Suite 1800	
		Miami, FL 33133	Remove
			Add
			□ Remove
			Remove
			Add
			☐ Remove
	·		
			□ Remove

		-
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	e prior to date of receipt or filed date and cannot be more than 90 day	otional) ys after
ive date, if other than the datective date must be specific, cannot be this document is filed by the Florida		otional) ys after
	a Department of State)	otional) ys after
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	a Department of State)	otional) ys after

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Filing Fee: \$25.00

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