

L14000008392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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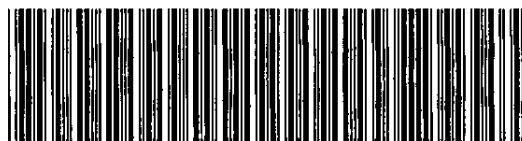
(Business Entity Name)

(Document Number)

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2017 JAN 30 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB - 1 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASTOR 57TH, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

PETER TORRES

\_\_\_\_\_  
Name of Person

ASTOR 57TH, LLC

\_\_\_\_\_  
Firm/Company

135 SAN LORENZO AVE, PH 820

\_\_\_\_\_  
Address

CORAL GABLES, FL 33146

\_\_\_\_\_  
City/State and Zip Code

PETERALBERTOTORRES77@GMAIL.COM

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

For further information concerning this matter, please call:

PETER TORRES

305 586-8230

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ASTOR 57th, LLC

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

**FILED**  
2017 JAN 30 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 15, 2014 and assigned  
Florida document number L14000008392.

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 "L.L.C."

Enter new principal offices address, if applicable:

135 San Lorenzo Avenue, PH 820

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33146

Enter new mailing address, if applicable:

135 San Lorenzo Avenue, PH 820

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, FL 33146

**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:**

Name of New Registered Agent:

Anthony Accetta

New Registered Office Address:

135 San Lorenzo Avenue, PH 820

*Enter Florida street address*

Coral Gables

, Florida 33146

*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>
AMBR	Pedro Alberto Torres	135 San Lorenzo Avenue, PH 820	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Astor Property Holdings, LLC	21 Almeria Avenue, Suite A	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2017 MAR 30 PM 52  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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2017 JAN 30  
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TALLAHASSEE, FLORIDA

FILED  
2011 JAN 30 PM 2:58  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

(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.

2017

\_\_\_\_\_, \_\_\_\_\_, 2017  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Henry Torres

Typed or printed name of signee