

L14000160795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

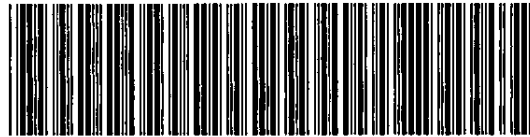
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 21 2015
S. YOUNG

12/16/2015

Registration Section

Division of Corporations

Florida Dept. of State

PO Box 6327

Tallahassee, FL 32314

Dear Ms. Sheila Young / Registration Office Associate

I spoke to Ms. Young earlier this week about submitting Articles of Amendment for ASTA Associates, LLC. She kindly guided me on filling out the attached.

Although the change of membership, addresses and other details were part of the 2015 Annual Reports Filing on 3/12/2015, this official paperwork of the Division of Corporations is being submitted to document the changes further.

Sincerely,



Tariq Bhatti,

Managing Member, ASTA Associates LLC

1035 NW 121 Ln, Coral Springs, FL 33071

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTA Associates 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:

TARIQ BHATTY

Name of Person

Firm/Company

1035 ~~1035~~ NW 121 LANE

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

tbhatty@gmail.com

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

For further information concerning this matter, please call:

TARIQ BHATTY

Name of Person

at

954

Area Code

931-3095

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

ASTA Associates 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 _____ and assigned
Florida document number L 14 000160798

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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:

Existing Registered Agent Name is TARIQ M. BHATTY middle initial is A by mistake

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

N/A

**KINDLY
CORRECT**

_____, Florida _____
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.

**Registered Agent changed as part of Annual Report
Submitted 3/12/2015**

If Changing Registered Agent, Signature of New Registered Agent

TARIQ M. BHATTY

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

Title	Name	Address	Type of Action
	SYED A. SHAH	7640 SUNSET STRIP	<input type="checkbox"/> Add
	MANAGING MEMBER	SUNRISE, FL 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	TARIQ M. BHATTY	1035 NW 121 LANE	<input checked="" type="checkbox"/> Add
	MANAGING MEMBER	CORAL SPRINGS, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Re: THIS AMENDMENT IS TO FULLY DOCUMENT
ASTA THAT THE MANAGING MEMBER SUBMITTED
ASSOCIATES AS PART THE ANNUAL REPORT ON 3/12/2015
LLC IS TARIQ BHATTY. (1035 NW 121 LANE,
CORAL SPRINGS, FL 33071)
L14000160798 ON THIS DATE (3/12/2015)
SYED A. SHAH, 7640 SUNSET STRIP,
SUNRISE, FL 33322 WAS REMOVED
FROM ASTA ASSOCIATES LLC. SYED
A. SHAH HAS FULLY RELINQUISHED AND
DISCLAIMED ALL RIGHTS, TITLES, BENEFITS,
AND ALL FINANCIAL ~~AND~~ ^{WHAT} OTHER INTERESTS
IN THE REAL ESTATE PROPERTY LOCATED
AT 1501 NE 31 COURT, POMPANO BEACH, FL 33064.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

12/16/2015

Signature of a member or authorized representative of a member

TARIQ M. BHATTY

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000160798

Entity Name: ASTA ASSOCIATES LLC

Current Principal Place of Business:

1035 NW 121 LANE
CORAL SPRINGS, FL 33071

Current Mailing Address:

1035 NW 121 LANE
CORAL SPRINGS, FL 33071 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BHATTY, TARIQ A
1035 NW 121 LANE
CORAL SPRINGS, FL 33071 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TARIQ BHATTY

03/12/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BHATTY, TARIQ
Address 1035 NW 121 LANE
City-State-Zip: CORAL SPRINGS FL 33071

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TARIQ BHATTY

MANAGING MEMBER

03/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date