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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Astera Law SUBJECT:	Group, PLLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dina Castillo Ward		
		Name of Person	
	Astera Law Group, PLLC		
		Firm/Company	
	3361 Rouse Road, Suite 13	0	
		Address	
	Orlando, FL 32817		
	dina@asteralaw.com	City/State and Zip Code	
	E-mail address: (0	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	all:	
Dina Castillo Ward		407 392-0209	
Name o	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	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

FILED

18 OCT 22 AM 10: 12

TALLATION SEE, PLORIDA

Astera Law Group, PLLC

(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 L14000180131		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility 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:	3361 <sub>i</sub> Rouse Road Suite 130	
(Principal office address MUST BE A STREET ADDRESS)		
	Orlando, FL 32817	
Enter new mailing address, if applicable:	3361 Rouse Road	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 130	
	Orlando, FL 32817	
Name of New Registered Agent:	<u>e</u> :	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	·	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
If Cha	nging 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>	Type of Action
AMBR	Camila Pachon Silva		
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		1320 N Semoran Blvd., Stc.112 Orlando, FL 32807	■ Remove
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Effect	05/01/2018  tive date, if other than the date of filing:
Note:	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	2018
	Jerua Cashlauted  Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00