

LIBCCC 137797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

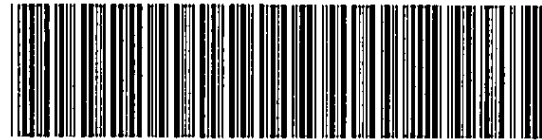
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900354442169

11/05/20--01010--029 **25.00

FILED
2020 NOV -5 AM 10:45

12/15/20
SA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Asteria Joint Venture 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:

Elena Fleck

Name of Person

Asteria Joint Venture LLC

Firm/Company

11800 S Gardens Dr., # 109

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

elenanaa@gmail.com

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

For further information concerning this matter, please call:

Elena Fleck

561

345-5900

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 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**

Asteria Joint Venture 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 08/12/2015 and assigned Florida document number L15000137797.

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 "LLC."

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)

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:

Elena G Fleck

New Registered Office Address:

11800 S Gardens Dr. , #109

Enter Florida street address

Palm Beach Gardens

Florida 33418

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> |
|--------------|----------------|---|--|
| MGR | Elena G Glatko | 1803 N Flagler Dr., #317, West Palm Beach, FL 33407 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Elena G Fleck | 11800 S Gardens Dr., #109, Palm Beach Gardens, FL 33418 | <input checked="" type="checkbox"/> Add |
| | | | <input 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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2020 NOV - 5 AM 10:45

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

FILED
2020 NOV -5 AM 10:45

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 November 2, 2020

A. Platero-Berpin
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Lioudmila A Glatko Bergman

Typed or printed name of signee

Filing Fee: \$25.00

Department of Health - Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

50-2019-ML-008791-XXXX-MB

(STATE FILE NUMBER)



2020 NOV -5 AM 10:45

FILED

| APPLICATION TO MARRY | | | |
|--|-------------------------|-----------------------------------|----------------------------------|
| 1 NAME OF GROOM BRIAN CHRISTOPHER FLECH | | 10 MAIDEN SURNAME (if applicable) | 2 DATE OF BIRTH JANUARY 1985 |
| 3a RESIDENCE CITY JUPITER | 3b COUNTY PALM BEACH | 3c STATE FL | 4 BIRTHPLACE NEW YORK |
| 5 NAME OF BRIDE ELENA GABRIELA GLATKO | | 10 MAIDEN SURNAME (if applicable) | 6 DATE OF BIRTH MARCH 30 1980 |
| 7a RESIDENCE CITY WEST PALM BEACH | 7b COUNTY PALM BEACH | 7c STATE FL | 8 BIRTHPLACE UKRAINE |



| | |
|---|--|
| 9 I, THE UNDERSIGNED, CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA, DO HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS HAVE COMPLIED WITH ALL THE LAWS OF THE STATE OF FLORIDA AND HAVE BEEN DULY MARRIED TO EACH OTHER BY ME IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA. | |
| 10 SUBSCRIBED AND SWORN TO BEFORE ME ON DECEMBER 3, 2019 | |
| 11 SIGNATURE OF CLERK OF COURT <i>[Signature]</i> | |
| 12 SUBSCRIBED AND SWORN TO BEFORE ME ON DECEMBER 3, 2019 | |
| 13 SIGNATURE OF NOTARY PUBLIC <i>[Signature]</i> | |

| LICENSE TO MARRY | | | |
|--|--|---|--|
| THIS LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO solemnize the marriage of the above named persons. | | | |
| 14 DATE LICENSE ISSUED DECEMBER 3, 2019 | 15a DATE LICENSE EFFECTIVE DECEMBER 6, 2019 | 15b EXPIRATION DATE FEBRUARY 1, 2020 | 16 JUSTICE OF THE PEACE |
| 17 NAME OF GROOM <i>[Signature]</i> | | 18 TITLE Clerk of Court | 19 NAME OF BRIDE <i>[Signature]</i> |

| CERTIFICATE OF MARRIAGE | |
|--|---|
| THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA. | |
| 20 DATE OF MARRIAGE December 30, 2019 | 21 CITY, TOWN OR LOCATION OF MARRIAGE West Palm Beach, FL 33409 |
| 22 NAME OF PERSON PERFORMING CEREMONY (Use last name) <i>[Signature]</i> | 23 ADDRESS (if person performing ceremony) 2132 Reston Circle Royal Palm Beach |
| 24 NAME OF PERSON PERFORMING CEREMONY ANGEL MALDONADO | 25 SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i> |
| 26 NOTARY PUBLIC - STATE OF FLORIDA MY COMMISSION # 00100225 (Expires April 1, 2023) | 27 SIGNATURE OF WITNESS TO CEREMONY <i>[Signature]</i> |

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



[Handwritten signature]