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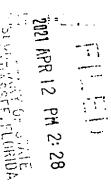
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|---|
| SUBJECT: AST | ERACE GRO | ited Liability Company | |
| | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | And | ve CHIN Name of Person | |
| | ASTER | ACE GROUP Firm/Company | LLC_ |
| | | × 450 607 | <u>.</u> |
| | F+ 1Aud | evanle FC City/State and Zip Code | 33345 |
| | 5tepho E-mail address: (1 | City/State and Zip Code | gmail.com |
| For further information co | oncerning this matter, please ec | all: | |
| Andre C | Person | at (<u>954</u>) 37/ Area Code Daytime | 30/3 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 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

| ASTERACE GROUP | PLLC | |
|--|--|------------------------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our rec Liability Company) | ords.) |
| | , , | 2015 and assigned |
| 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 "L.L.C." or the abbreviation "L.L.C." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address MUST BE A STREET ADDRESS The new mailing address if applicable: Mailing address MAY BE A POST OFFICE BOX) The new mailing address MAY BE A POST OFFICE BOX) The new mailing address may be a post of the new registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | |
| The second has distinguishable and matrix the read of inited Links | ilin Company "the lecionation "I | I C" or the obbraviation "I I C" |
| · | intry Company, the designation of | A |
| • • | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | <u>~</u> |
| Mailing address MAY BE A POST OFFICE BOX) | | 28 |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, ent | ter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street ado | lress |
| | | 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.

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> | Address Carret Address | Type of Action |
|--------------|-------------|--|----------------|
| MGR | Andre CHIN | Address street Address 4685 NW 115 WAY SUNRISE, FL 33303 mailing Address PO.13 EX 450607 Ft lauderdale, FL 33345 | EAdd |
| | | Mailing Address PO.BOX 450607 | □Remove |
| | | F+ 1 Auderdale, FL 3334 | □Change |
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| ective date, if other than the date of filing: | | _ (optional) | |
| reffective date is listed, the date must be specific and cannot be prior to date | of filing or more than 90 c | lays after filing.) Pursuant to 605 | .020 |
| te: If the date inserted in this block does not meet the applicable streament's effective date on the Department of State's records. | itutory tinng requireme | ents, this date will not be fish | eu a: |
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| ecord specifies a delayed effective date, but not an effective time, at | 12:01 a.m. on the earli | er of: (b) The 90th day after | r the |
| is tiled. April 8+h | | | |
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| red 4/8/2021 2021 | | | |
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