L5000212033

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE ALLAHASSEE. FLORIDA

> D. BRUCE JUN 15 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
		Ith Management, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	_
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Mauricio Franco Goulart d	a Cunha	
			Name of Person	
		Astron Wealth Managemen	nt, LLC	
			Firm/Company	
		1029 Malaga Ave		
			Address	
		Coral Gables, Florida, 331	34	
			City/State and Zip Code	
		mauricio.cunha@astronwea		_ SE
		E-mail address: (to be used for future annual report notification)	CRE L
For fu	rther information co	oncerning this matter, please ca	all:	TAF ASS
Maur	icio Cunha		585 957-5321 at ()	JUN 14 A AHASSEE, FLS
	Name of	Person	Area Code Daytime Telephone Nur	A II: 2
Enclo	sed is a check for th	e following amount:		
2 \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & fied Copy ional 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

Astron Wealth Management, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company visiting document number L15000212033	were filed on and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off		<u> </u>
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agre	ee to get in this canacity. I further garee to comply	wit

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	David Salomon Cardenas	335 S. Biscayne Blvd, Apt UPH09	⊿ Add
		Miami, FL 33131	and reduce
			□ Remove
			Change
MGR	Ricardo Araujo da Silva	8460 SW 66th Street	⊿ Add
		Miami, FL 33143	
			☐ Remove
			Change
			Add
			Remove
			AS □ hange
			AHA T
			SEE, F. C. Seemove
			SERY CF CRIDE
		· .	
			□ Remove
			☐ Change
		 	Add
			Remove
			□ Change

mon Cardenas - 33.33% ownership nujo da Silva - 33.33% ownership	
nujo da Silva - 33.33% ownership	
	SEC TALL
	CRE 7
	NARY F
	- 22 = -
other than the date of filing:	(optional)
listed, the date must be specific and cannot be prior to date of filing or more that inserted in this block does not meet the applicable statutory filing requive date on the Department of State's records.	
ifies a delayed effective date, but not an effective time, after the record is filed.	at 12:01 a.m. on the earlie
2017	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee