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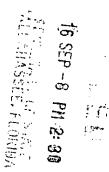
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COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Astor Homes 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:
Hector Medina Astor Name of Person
Registered Agents Inc. Firm/Company
3030 N Rocky Point Dr. STE. 150A
Tampa Fl. 33607 City/State and Zip Code Hector Med. NA 73 @ 9 mail · Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hector Medina Astor at (407) 929-7369 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee.

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

Astor H	AMPS 110.		
(Name of the Limited Liability (A Florida L	Company as it now appears (limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on A	ugust a , a	OI6 and assigned
Florida document number <u>L 16000144507</u>	- -	J	_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		5 c
			10
Enter new mailing address, if applicable:			\$20 P
(Mailing address MAY BE A POST OFFICE BOX)			
			2: 3: 0
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, <u>ente</u>	r the name of the new
registered agent und/or the new registered office addre	<u>iss nere.</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
		, 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 **Title** <u>Name</u> **Address Type of Action** Hector Medina Astor 3030 N. Rocky Point Dr. MAdd MGR Ste. 150 A TAMPA, Fl. 33607 Remove ☐ Change Javier A Medina Astor 3030 N. Rocky Point Dr. Dadd MGR Ste. 150A TAMPA, FT. 33607 - Remove ☐ Change □ Add □ Remove ___□ Change Change □ Add □ Remove □ Change □ Add ☐ Remove

☐ Change

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Fective date, if other than the date of filing: Date of n effective date is listed, the date must be specific and cannot be prior to date the date inserted in this block does not meet the applicable secument's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.0
<u></u>	
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ded August 24, 2016,	
forthell whire	

Page 3 of 3

Filing Fee: \$25.00