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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012

Phone Fax Number : (305)826-5886 : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUARTO ASTRAL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUARTO ASTRAL, LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) i Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on 09/02/2016	and ass	igned
Florida document number L16000165375			J
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words 'Limited Liab	bility Company," the designation "LLC" or the abl	previation L.	LC."Ä
Enter new principal offices address, if applicable:		- SEF	
(Principal office address MUST BE A STREET ADDRESS)			25
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		<u> </u>	
Enter new mailing address, if applicable:		5	33
(Mailing address MAY BE A POST OFFICE BOX)			'tar
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter</u> : ere:	the name	of the ne
Name of New Registered Agent:			
New Registered Office Address:			•
	Enter Florida street address		
	City	Zio 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 Revistered 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>	Name	<u>Address</u>	Type of Action
AMBR	NASON, GINA	2177 SIENA TER	
		HOLLYWOOD, FL 33021	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
AMBR	GUTIERREZ, MARJORIE	4890 NW 108TH PSGE	Add
		DORAL, FL 33178	
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•			Remove-
			Change
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te: If the date inserted in this bloc nument's effective date on the Dep	k does not meet the applicabl	e statutory filing requirement	nts, this date will not be l	isted
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record specifies a delayed of	effective date, but not a	an effective time, at 1:	2:01 a.m. on the ear	rlier
he 90th day after the recor		·		
SEPTEMBER 20	2016			
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		ted representative of a member		