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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: A Steri Development, 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: |
| Andrew Korge Name of Person Asteri Development, 440 Firm'Company |
| Address Loral Gables FL 33134 City/State and Zip Code And Sew Korge gangil. wom E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Andrew Korge at 305 479 6654 Name of Person at 305 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 \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$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, FI. 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

| Asteri Developi (Name of the Limited Liability Comp (A Florida Limited | nent, | LLC |
|--|--|---|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appe I Liability Company | rars on our records.) |
| The Articles of Organization for this Limited Liability Companiforida document number <u>L170000326</u> | | ~ / / · - |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liable of the limited liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name must be distinguishable and contain the words "Limited Liable new name of the limited liable new name new nam | | |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | 2003 Bille 7 |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) | _ | P C |
| | | |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. | office address o re: | on our records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Fi | orida street address |
| | | |
| | City | Florida 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 | Type of Action |
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| f an cfl Note: | ive date, if other than the date of filing: (optional) (ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records. |
| e red The | ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed. |
| Dated | 3/11/19 |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00