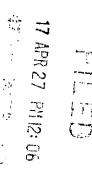
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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Co			
AD ASTR	A LLC		
Sobsect.	Name of Lim	ited Liability Company	
	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RYAN FLAKE		,
		Name of Person	
	AD ASTRA LLC		
		Firm/Company	
	616 DRUID ROAD EAST		
		Address	
	CLEARWATER, FL 3375	6	
		City/State and Zip Code	
	ryanf@dugganinvestments.c		
	E-mail address: (to be used for future annual report notif	cation)
For further information	concerning this matter, please ca	all:	
Ryan Flake		949 422-3626 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for (he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AD ASTRA LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		and assigned 2
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the	limited liability company here:	P1112: 06
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:	Water Control of the	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name		Address	Type of Action
AMBR	DUGGAN, ROBERT			
			616 DRUID ROAD EAST, CLEARWATER FL 33.756	Remove
				Change
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		٠,		Remove
				Change
		_	·	TO AND TO THE
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an effective date is list ote: If the date inse	her than the date of ed, the date must be spe- orted in this block does date on the Departmo	cific and cannot be p es not meet the app	licable statutory	or more than 90 da filing requirement	_ (optional) ays after filing.) nts, this date v	Pursuant to 605.0 vill not be listed
e record specifie The 90th day af	s a delayed effec ter the record is	ctive date, but filed.	not an effecti	ve time, at 12	2:01 a.m. c	on the earlier
	Pril					
24 A						

Page 3 of 3

Filing Fee: \$25.00