

L17 000089167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

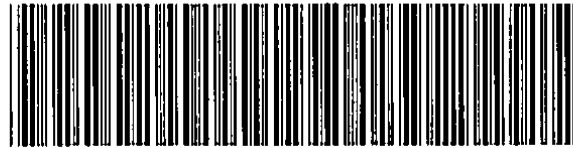
(Business Entity Name)

(Document Number)

rtified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer:

Office Use Only



700352448327

RECEIVED

SEP 21 2020

09/22/20--01005--033 **35.00

2020. 21 11 7:18

2020. 21 11 7:18

OCT 28 2020

September 4, 2020

Florida Division of Corporations
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

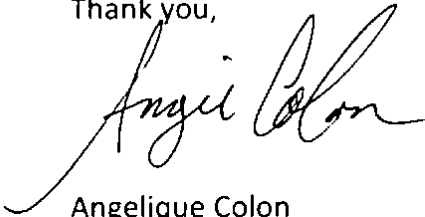
To Florida Division of Corporations:

Please accept the enclosed amendments. Fee free to contact me if there are any questions.

My phone number is 727-656-3188 and my address is:

Angelique Colon
c/o Duggan Investments
616 Druid Road East
Clearwater, FL 33756

Thank you,



Angelique Colon

15 Sept 20

Date

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AD ASTRA 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:

KATHRYN ZWAN

Name of Person

AD ASTRA LLC

Firm/Company

616 DRUID ROAD EAST

Address

CLEARWATER, FL 33756

City/State and Zip Code

KATHRYNZ@DUGGANINVESTMENTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN ZWAN at (303) 859-2143
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEP 21 AM 7:48

AD ASTRA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 4, 2020 and assigned
Florida document number L17000089167.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: KATHRYN ZWAN

New Registered Office Address: 616 DRUID ROAD EAST
Enter Florida street address

CLEARWATER, Florida 33756
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

2:29 SE 21 AM 7:48

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ZWAN, KATHRYN	616 DRUID ROAD EAST	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FLAKE, RYAN	616 DRUID ROAD EAST	<input type="checkbox"/> Add
		CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 SEP 21 AM 7:18

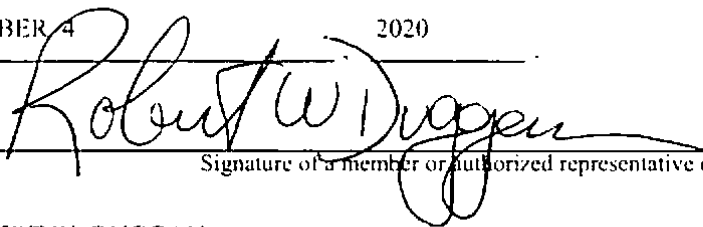
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 4 2020



Signature of a member or authorized representative of a member

ROBERT W. DUGGAN

Typed or printed name of signee

Filing Fee: \$25.00