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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
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M. MILLIGAN JUN 21 2018 2018 JUN 18 PH 1:39
SECRETARY OF STATE
JAIL AHASSEE, FLORIO



April 19, 2018

HUBERT HUTCHINSON 4625 DORA AVE N LEHIGH ACRES, FL 33971

SUBJECT: ASTRO'S GLOBAL ENTERPRISE, LLC

Ref. Number: L18000069785

We have received your document for ASTRO'S GLOBAL ENTERPRISE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 718A00008009



COVER LETTER

	Registration Sec Division of Corp			
eun irz	Astro's Glol	oal Enterprise, LLC		
SUBJEC	. I:	Name of Lim	ited Liability Company	
The encle	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
SUBJECT The enclose Please returns		Hubert Flutchinson		
			Name of Person	
			Firm/Company	
		4625 Dora Ave N		
			Address	
		Lehigh Acres, Fl. 33971		
			City/State and Zip Code	
		Astrobusiness13@gmail.co		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ea	all:	
Hubert F	lutchinson		239 265-3540 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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:

TO:

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



Astro's Global Enterprise, LLC

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

(A Flor	rida Limited Liability Company)	THE CONTRACTOR OF THE PARTY OF
The Articles of Organization for this Limited Liability Florida document number L18000069785	Company were filed on 03/19/2018	and assigned
This amendment is submitted to amend the following	 :	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flor	ida
	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 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
AMBR	HUBERT HUTCHINDON	4625 DORA AVE NORTH	
		LEHIGH ACRES, FL 33917	■ Remove
			Change
AMBR	HUBERT HUTCHINSON	4625 DORA AVE NORTH	
		LEHIGH ACRES, FL 33917	□ Remove
			Change
			□ Remove
			Change
			Add
		······································	Remove
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ctive date, if other than effective date is listed, the date	must be specific	and cannot be p	rior to date of fili	ig or more than	00 days after filing.) Pursuant to 60	5.020
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ne 90th day after the							~
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	Signature o	if a member or a	uthorized represe	ntative of a men	iber	(1) (2) (3)	81 NUC 8102
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Filing Fee: \$25.00