

L18000248979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

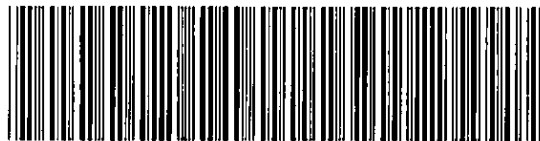
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please list the
type of action you
are taking w/ Sami
Katri

Office Use Only



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07/30/21 --01014--000 *\$25.00

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2024 JUL 16 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FL

Me

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Address Change- Farpel FL 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:

Johnathan Ibarra-Blackmoon

Name of Person

Astra Property Group

Firm/Company

152 NE 167th St, Suite 405

Address

Miami FL 33162

City/State and Zip Code

info@astrapg.com

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

For further information concerning this matter, please call:

Johnathan Ibarra-Blackmoon

954
at ()

372-1043

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

Enclosed is a check for the 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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2024

JOHNATHAN IBARRA-BLACKMOON
152 NE 167TH ST, SUITE 405
MIAMI, FL 33162

SUBJECT: FARPEL FL LLC
Ref. Number: L18000248979

We have received your document for FARPEL FL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the type of action you are taking with each member.

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) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 724A00012665

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 16 PM 3:28

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7/1/6

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

Farpel FL 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 10/23/2018 and assigned
Florida document number L18000248979.

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:

152 NE 167th St, Suite 405

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33162

Enter new mailing address, if applicable:

152 NE 167th St, Suite 405

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33162

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:

New Registered Office Address:

152 NE 167th St, Suite 405

Enter Florida street address

Miami

Florida

33162

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

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2018 JUL 16 PM 3:28
CLERK OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MBR	Goma Investments		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		152 NE 167th St, Suite 405 Miami FL 33162	<input checked="" type="checkbox"/> Change
MGR	Alon Peles		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		152 NE 167th St, Suite 405 Miami FL 33162	<input checked="" type="checkbox"/> Change
2 AMBR	Sami Katri,		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		152 NE 167th St, Suite 405 Miami FL 33162	<input checked="" type="checkbox"/> Change
AMB	Johnathan Ibarra-Blackmoon		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		152 NE 167th St, Suite 405 Miami FL 33162	<input checked="" 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

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TALLAHASSEE, FL

