## 119000123698

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: <u>R</u>	achel Salaze Name of Lim	ur Astralilo ited Liability Company	LLC.
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rachel	Salazer	
	Rachel	Salazer Name of Person  Salazer Ash Firm Company	idillo LLS
	6050 5	W 44 TERRA	CE
	Mian	11 FL 33155	
	Realuz	City/State and Zip Code  to be used for future annual report noti	fication)
For further information	concerning this matter, please co		,
Rachel	Salazer	at (786) 519 -	-S340 c Telephone Number
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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF FILED

Rachel	Salazar	Astuditonida	Î P 2: 37
(Name of the Limit	ed Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany) SECRETAR'  VALL ZHASS	Y OF STATE EE.FLORIÐA
The Articles of Organization for this Limited Li Florida document number			and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	ny." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	• •	dress on our records, <u>ent</u> e	er the name of the ne
Name of New Registered Agent:	_pachel	Salarer	
New Registered Office Address:	6050 SU	) 49 TEPR	
	Miam	Enter Florida street address, Florida	33155
	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, <u>enter the title, name, and address of each person being adde</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGK	Rachel Salazar		D Add
			☐ Remove
		6050 SW 44TERRACE MIAMI, FL 33155	Change
<del></del>			
			☐ Remove
			☐ Change
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			□ Remove
			🗖 Change
			□ Remove
			□ Change

!	Changing Ruchil Jalarar Fo
	Changing Ruchel Salarar to Managining member
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_	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
b) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  Oth day after the record is filed.
Dated	Signature of a member of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00