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(Requestor's Name)
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COVER LETTER

Division of Corporations			
· SURJECT:	ASTADA 110		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	5.AI	RCWAS DIPKEWOJUE Name of Person	
	Ψ	TADA LCC Firm/Company	
	<u>36</u> 50	O BOBKO CIR Address	

	E-mail address: (CLC @ GMAIL, C OM to be used for future annual report notice	fication)
For further information c	concerning this matter, please co	all:	
SARUNAS	C DADKEUICIUS	at (<u>941</u>) <u>412 ~ 5</u> Area Code Daytime	534
Name o	of Person	Arca Code Daytim	e Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section

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

	LC	2019 St., 120 - i	MH II: 27
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	09/04/2019	and assigned
Florida document number <u>419000224146</u>	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company ho	ere:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the c	esignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		
	 -		
Enter new mailing address, if applicable:		-	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist	tered office address on	our records, enter t	he name of the ne
registered agent and/or the new registered office addi	<u>ress here</u> :		
Name of China Day and A			
Name of New Registered Agent:	·		
New Registered Office Address:	·		
	Enter Floi	ada street address	
	·	Florida	
	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 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	SARUNAS DAPKEVICIUS	3650 BOBKO CIR MORTH PORT, FL	3429/11 Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
		Change	
			Remove
			Change
			□ Remove
			Change
			
			□ Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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. Effecti	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	09/17/2019
	Signature of a member or authorized representative of a member
	SARUNAS DAPKEVICIUS Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00