L19000254950

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

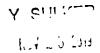
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COVER LETTER

Division of Co		
ASTAR 2	2020, LLLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Susan L Hartman, Esq.	
	Name of Person	
	Susan L Hartman, PLLC	
	Firm/Company	
	420 Osceola Avenue, Suite B	
	Address	
	Jacksonville Beach, FL 32250	
	City/State and Zip Code susanhartmanjd@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Susan L Hartman	904 705-7355 at ()	
Name	at () c of Person	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

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

ASTAR 2020, LLLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	-
The Articles of Organization for this Limited Liability Co.	mpany were filed on October 15, 2019	and assigned
Florida document number L19000254950	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ASTAR 2020, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		<u></u>
		201 38
Enter new mailing address, if applicable:		2019 OCT
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		
B. If amending the registered agent and/or registe	ered office address on our records,	enter the name of the ne
registered agent and/or the new registered office addre		ADA NE S
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00