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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383	A H		<u>1</u> 91 23
From:	Account Name : SHARON ANN COX P.A. Account Number : I20180000097 Phone : (561)235-2110 Fax Number : (561)423-0745	را	SE STATE	PM 12: 38
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Help

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

(((H21000393826 3)))

ASTRO APPRAISAL OF FLORIDA LLC	· · ·	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000121452</u>	were filed on 04/13/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable	lity company here:	:2
ASTRO APPRAISAL MANAGEMENT COMPANY LLC		9711
The new name intist be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	r the abbreviation Col. Col.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		DIZ: 38
(Mailing address MAY BE A POST OFFICE BOX)		
7		<u>.                                    </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
·	City:	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	I am familiar with and

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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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	, -
AMRR =	Authorized	Member

Title	Name ,	Address	Type of Action
MGR	ASTRELITA JOSUE	17935 NE 9TH PL MIAMI, FL 33162	bbA∐
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