

L20 000 146215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

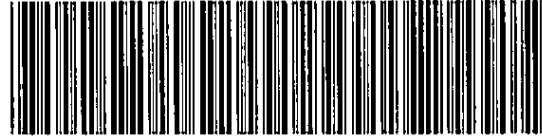
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2020 AUG 24 PM 5:04

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D. BRUCE
OCT 08 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Astoria44, 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:

Orlando Martinez

Name of Person

Astoria44, LLC

Firm/Company

2867 Canyon Trail Lane

Address

Ocoee, FL 34761

City/State and Zip Code

orlando@astoria44.com

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

For further information concerning this matter, please call:

Orlando Martinez

Name of Person

786 999-4511
at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

Astoria44, 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 May 29, 2020 and assigned Florida document number 120000146215.

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:

(Principal office address MUST BE A STREET ADDRESS)

618 East South Street, Suite 500

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

618 East South Street, Suite 500

Orlando, FL 32801

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:

Orlando Martinez

New Registered Office Address:

618 East South Street, Suite 500

Enter Florida street address

Orlando

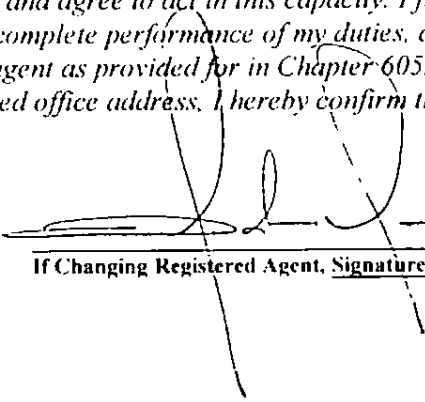
Florida 32801

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	E2 Developments, LLC	10501 South Orange Avenue, Suite 111	<input type="checkbox"/> Add
		Orlando, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Martinez AMS Holdings, LLC	2867 Canyon Trail Ln	<input type="checkbox"/> Add
		Ocoee, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Orlando Martinez	618 East South Street, Suite 500	<input checked="" type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Arlene Martinez	618 East South Street, Suite 500	<input checked="" type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
			<input 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

2025 AUG 24 PM 5:04
STATE OF FLORIDA
TALLAHASSEE, FL

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2025 NOV 10 PM 10:06
SECURITY SERVICE
TALLAHASSEE, FL

2020 AUG 24 PM 5:04
SECONDARY OFFICE
TALLAHASSEE, FL

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 19 2020

Signature of a member or authorized representative of a member

Orlando Martinez

Typed or printed name of signee

Filing Fee: \$25.00