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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2020 SEP 21 AM 8: 36 SECRETARY OF STATE

10/29/20)



COVER LETTER

| Division of Corpor | ations | , , | |
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| SUBJECT. A STRA | TANOVAT | TONS // C | |
| SUBJECT: IV Divisor | Name of Limi | IONS LLC ited Liability Company | |
| | | | |
| The enclosed Articles of Am | endment and fee(s) are sub | mitted for filing. | |
| Please return all corresponde | nce concerning this matter | to the following: | |
| | | | |
| | MATT HEW | GEORGE Name of Person | |
| | | Name of Person | |
| • | ASTRAL | TNNIOVATTONS /_ | <u>.</u> |
| | <u>/\</u> | INNOVATIONS L Firm/Company | |
| | 621 | 1 7005 85 | |
| | | JADE ST Address | |
| | | . | - · · |
| | KT 551 | City/State and Zip Code | 746 |
| | | Hgeo.mg@gmal.co | |
| - | E-mail address: (I | to be used for future annual report notifi | cation) |
| For further information conc | erning this matter, please ca | ıll: | |
| MATTHEW COR | (7E | 404 . 402 -0 | JAG |
| MATTHEW GEORGE Name of Person | | at (104) 605 C Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the fe | ollowing amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street Address: | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| ASTRAL INNOVATION | 2020 SEP 21 AH 8: 35. |
|--|---|
| , | Company as it now appears on our records.) imited Liability Company) TALLAHASSEE, FL |
| The Articles of Organization for this Limited Liability Con | mpany were filed on $\frac{6/19/2020}{\text{and assigned}}$ |
| Florida document number <u>L 20000 70 539</u> | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limit | ed liability company here: |
| <u> </u> | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | ROAD # 690216 |
| (Principal office address MUST BE A STREET ADDRI | ORLANDO, FL 32819 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--|----------------|
| MGR | GEORGE MATTHEW | <u>OLO</u> 5321 JADE St. K:SS:MMCE, FL 34746 | 🗹 Add |
| | | NEW | □Remove |
| | | 10450 TURKEYLAKE. | Richard D |
| <u> </u> | | # 690216 | |
| | # 1. · | ORLANDO, FL 32819 | |
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| | any other information, er | ner change(s) here. (| annur annur | | • / | |
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| Note: If the | te, if other than the date late is listed, the date must be spedate inserted in this block doffective date on the Departm | ses not meet the applicab | date of filing or more le statutory filing re | (optiona than 90 days after fili equirements, this da | al) ng.) Pursuant to 605. nte will not be liste | 0207 (3)(b) d as the |
| he record spec ord is filed. | ifies a delayed effective date | , but not an effective tim | e, at 12:01 a.m. on | the earlier of: (b) | The 90th day after | the |
| Dated | 7/31/2020 Matthew Signa | | | | | |
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