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PICK-UP WAIT	MAIL
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COVER LETTER

	egistration Sec ivision of Corp			
5110 1PZ:1	AD ASTRA	. INVESTMENT GROUP, LL		
SUBJECT	:	Name of Lim	ited Liability Company	
			•	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	idence concerning this matter	to the following:	
		Wandaliz Torres		
			Name of Person	
		Ad Astra Investment Grou	p, LLC	
			Firm/Company	
		232 Taft Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Davenport FL 33837		
		aicantowers@gmail.com	City/State and Zip Code to be used for future annual report notif	ication)
For further	r information ec	oncerning this matter, please c		,
Wandaliz	Torres		407 716-3417	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed i	s a check for th	e following amount:		C SZO DO EUROD ROST.
国 \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Aniling Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 2 fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records. ity Company)	,	
e filed on 01/07/2021	and as	signed
company here:		
ompany," the designation "LLC"	or the abbreviation "I	lC."
ess on our records, <u>enter (</u>	the name of the ne	ew registered
Enter Florida street address	,	
Flo	vrida	
City	Zip Code	. Os
		120
o act in this capacity. I fur formance of my duties, an ided for in Chapter 605, I	ther agreego com d I am familiar w F.S. Or, ij ins doc at the limited liabi	iply _l with the eith and cument is
Registered Agent, Signature of	<u> </u>	
	company here: Company," the designation "LLC" Enter Florida street address Enter Florida street address Flo City o act in this capacity. I fur formance of my duties, an oided for in Chapter 605, I dress, I hereby confirm tha	company here: company," the designation "LLC" or the abbreviation "I company," the designation "LLC" or the abbreviation "LLC" or the abb

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
Р	Wandaliz Torres	232 Taft Dr. Davenport FL 33837	= Add
			□Remove
			□Change
			□Add
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Tective date, if other than the date of the date is listed, the date must be ote: If the date inserted in this block becument's effective date on the Department.	ate of filing: se specific and cannot be prior to date of filing or mot does not meet the applicable statutory filing artment of State's records.	grequirements, this date will not be listed as t
		# 2
ecord specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
A = 27 17	2021	80
nted April 17	. 2021	27
Si	gnature of a member or authorized representative	of a member

. . . .

Filing Fee: \$25.00