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21 AFR 19 PH 3: 32

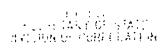
## **COVER LETTER**

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	Registration Se Division of Cor		•	,,
**1110 Ex***		TNERS INVESTMENTS, LLO	C ·	
SUBJEC	l:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Wandaliz Torres		
			Name of Person	,
		Ad Astra Investment Grou	p, ŁLC	
			Firm/Company	
		232 Taft Dr		
			Address	
		Davenport, FL 33837		
			City/State and Zip Code	<del></del>
		jrquickrepair@hotmail.con		
For furthe	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	nfication)
Wandalia			407 716-3417	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for the	ne following amount:		
<b>■ \$25.0</b>	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed
	Mailing Addres Registration (		Street Address: Registration So	ection
Division of Corporations		Division of Corporations		
	P.O. Box 632 Fallahassee, l		The Centre of 2415 N. Monro	Taffahassee Se Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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New Partners Investments, LLC		
(Name of the Limited Liability Compat (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000062242	were filed on 02/04/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		······································
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	iddress on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Florid	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

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

e e e e e e e e

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<u>Title</u>	<u>Name</u>	Address	Type of Action
Р	Jonathan Rolon	PO Box 625 Coamo, PR 00769	<b>∃</b> Add
			□Remove
			Change
			□Add
			Remove
			☐ Change
***			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
		<del></del>	□Add
			□Remove
			□Change

	SPAINING THE COATES
D. If amending any other information, enter change(s) here: (Attach add	ditional sheets, if necessary 13: 32
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing).	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of film Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 record is filed.	1 a.m. on the earlier of: (b) The 90th day after the
Dated April 16 2021	
1/4	
Signature of a member or authorized repres	entative of a member
Jonathan Rolon	
Typed or printed name of s	agnee

Filing Fee: \$25.00