

h21000105621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

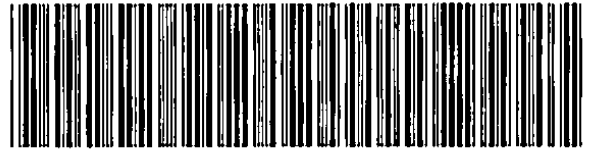
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 30 PM 12:41
TALLAHASSEE FL
FILED

D. BRUCE
SEP 11 2021

TO: Registration Section
Division of Corporations

SUBJECT: ASTEL SOLUTIONS 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:

LOVETTE DOBSON

Name of Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 SUITE 220

Address

HOUSTON TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

REC'D
TALLAHASSEE, FL

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For further information concerning this matter, please call:

LOVETTE DOBSON

888

462-3453

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

TO
ARTICLES OF ORGANIZATION
OF

ASTEL SOLUTIONS 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 03/04/2021 and assign
Florida document number 1.21000105621.

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)

1920 N 48th Ave, Hollywood, FL 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1920 N 48th Ave, Hollywood, FL 33021

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new re
agent and/or the new registered office address here:**

Name of New Registered Agent:

Sharon Milz

New Registered Office Address:

1920 N 48th Ave

Enter Florida street address

Hollywood

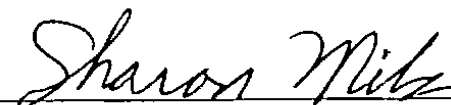
Florida 33021

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

or removed from our records.

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
AMBR	Sharon Milz	1920 N 48th Ave, Hollywood, FL 33021	<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input checked="" type="checkbox"/> Chang
AMBR	Felipe Fernandez	1920 N 48th Ave, Hollywood, FL 33021	<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input checked="" type="checkbox"/> Chang
			<input type="checkbox"/> Add
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SECURITY
TALLAHASSEE, FL

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TALLAHASSEE, FL

2021 AUG 30 PM 12:41
TALLAHASSEE FL

(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

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 record is filed.

Dated August 25th, 2021

Sharon Milz

Signature of a member or authorized representative of a member

Sharon Miltz

Typed or printed name of signee

Filing Fee: \$25.00