L21000127422

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

Office Use Only 5.C.

OH21/21



200368336532

RECEIVED

JUN 28 2021

U6/29/21--U1U25--U2U **25.80

2021 JUN 28 A II: 211

COVER LETTER

Division of Cor	porations		• .
Astral Insu JBJECT:	rance LLC		
	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
ease return all correspo	ondence concerning this matter	to the following:	
	Roberto Ramirez Naranj	io	
	-	Name of Person	
	Astral Insurance LLC		
		Firm Company	
	11890 SW 8th St Suit 2	10	
		Address	
	Miami, FL 33184		
		City/State and Zip Code	
	robertico772005@gmail.d		*
r further information c	e-mail address; (concerning this matter, please c	to be used for future annual report notif	2021 2021
Roberto Ramirez Naranjo		786 477-0956	(= ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Name of Person		at () Area Code Daytime	: Telephone Number ©3
nclosed is a check for th	he following amount:		A # 2
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASTRAL INSURANCE 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 March 18,2021 Florida document number L21000127422	_ and assigned
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 abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 1.
	1921
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	>
New Registered Office Address:	= ->-
Enter Florida street address	

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.

City

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	Suleyka Gonzalez Hernandez	22590 Sw 103rd Ave Cutler Bay, FL 33190	
			□Remove
			⊑Change
			□Remove
			□ Change
			□ Add
			□Remove ??
			Change 1
			228 □Add; . 1
			□ Add; . 1 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Change
			□Remove
			= Change
		-	□Add
			Remove
			⊡Change

	2027
	20 · •
	> 17
	二 しょう
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of some file of the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, at 1 is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
atod	
oated	
67 11107	
175 AULIM C	
Signature of a member of authorized rep	presentative of a member

.

Filing Fee: \$25.00