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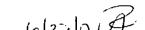
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

ASTRO KREAMS LLC SUBJECT: 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: SIMON NAON Name of Person NAON AND CO. LLC Firm/Company 2450 HOLLYWOOD BLVD STE 503 Address HOLLYWOOD FL 33130 City/State and Zip Code SIMON@NAONANDCO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SIMON NAON 898-6079 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASTRO KREAMS LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	05/21/2021 and assigned
Florida document number L21000237755	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
ASTRO KREAMZ LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
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)	
	į
B. If amending the registered agent and/or registered office address on our	r records, <u>enter the name of the new regist</u>
agent and/or the new registered office address here:	<u></u>
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	
New Registered Office Address:	
Enter I	Florida street address
	, Florida
City	Zin 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
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			□Remove
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Typed or printed name of signee