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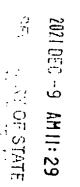
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A. RIVERS
DEC 2 1 2021



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COVER LETTER

TO: Registration S Division of Co			
	AST 90 LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Julio Gutierrez, Esq.		
		Name of Person	
	Law Office of Julio Gutier	rez, P.A.	
		Firm/Company	
	2464 SW 137 Avenue		
		Address	
	Miami, FL 33175		
		City/State and Zip Code	
	jgpa@msn.com E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
Julio Gutierrez		305 325-8600	
Name (of Person	at () Area Code Daytime '	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HYPEBEAST 90 LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited I		y were filed on 07/16/2021	and assigned
Torida document number 1.21000325260	·		
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited lia	bility company here:	
√A			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	NA	
Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office addrese.	registered office	address on our records, enter the	e name of the new registere
	- <u></u> -		2021 DE
Name of New Registered Agent:	NA		
New Registered Office Address:		r . D I	<u> </u>
		Enter Florida street address . Floric	E S77
		City	

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOSUE OSORIO CHAVEZ	44 ST. ANDREWS COURT	Add
		KISSIMMEE, FL 34759	□Remove
			□Change
			□Add
			□Remove
			[] Change
			🗀 Add
			□Remove
			□Change
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ffective date, if other than the can effective date is listed, the date must Sote: If the date inserted in this blockworth is effective date on the Department's effective date on the Department.	be specific and cannot be prior t ck does not meet the applica	o date of filing or more than 9		
record specifies a delayed effective d is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90th day	after the
December 7	2021			
		_		
	ignature of a member or author			

Filing Fee: \$25.00