L21000444626

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COVER LETTER

Registration Section Division of Corporations

TO:

Astrid Shov	er LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Astrid Shover		
		Name of Person	
	Astrid Shover LLC		
		Firm/Company	
	3726 Ceitus Parkway		
		Address	
	Cape Coral, FL 33991		
		City/State and Zip Code	دے د د نے نے
	Yourcoastalchicrealtor@gm	ail.com	
	E-mail address: (to be used for future annual report no	tification)
For further information of	onceming this matter, please c	all:	· .
Astrid Shover		347 658-9194 at ()	5
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration S	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Astrid Shover 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 10-12-21 and assigned Florida document number <u>L21000444626</u> 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 "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(\$) 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>	<u>Address</u>	Type of Action
AMBR	Anthony Shover	3726 Ceitus Parkway, Cape Coral, FL 33991	■Add
			□Remove
			□Change
			□Add
			☐Remove
			□ Change
	·		DAdd.
			☐ Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			🗆 🗅 Add
			ПRетюve
			□Change
			🗀 Add
			🗀 Remove
			Changa

	Astrial Shoper	
July 15th	. 2023	
rd specifies a delayed effec iled.	tive date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day aft
If the date inserted in this		tatutory filing requirements, this date will not be lis
tive date, if other than the	he date of filing: 7/14/23	(optional) e of filing or more than 90 days after filing.) Pursuant to 60
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Filing Fee: \$25.00