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COVER LETTER

Division of Co			
SUBJECT: BRAIN D	DEVELOPMENT CENTER LL	C	•
	Name of Lin	nited Liability Company	
The enclosed Articles of	TAmendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oundence concerning this matte	r to the following:	
	KALYA GARCIA		
		Name of Person	
		Firm Company	
	8011 SW 99 CT		
		Address	
	MIAMI, FL 33173		
	KALYAGARCIAA@GM/	City/State and Zip Code ML.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
KALYA GARCIA		305 335-2702 at () Area Code Daytin	
Name o	of Person	Area Code Daytir	ne Telephone Number
linclosed 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)	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAIN DEVELOPMENT CENTER 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 $\frac{01/31/2022}{1}$ __ and assigned Florida document number L22000051165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE ASTRO SITE LLC 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) 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.

CHV

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than the d	ate of filing:		(ontional)
Effective date, if other than the d If an effective date is listed, the date must be	e specific and cannot be prior to	date of filing or more than ?	00 days after filing.) Pursuant to 605,020
Note: If the date inserted in this bloc document's effective date on the Dep		le statutory Itting require	ments, this date will not be listed a
e record specifies a delayed effective o	date, but not an effective time	e, at 12:01 a.m. on the ea	irlier of: (b) The 90th day after th
rd is filed.			
DECEMBER 14	2025		
Dated	2022		
Kanei			
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SI	gnature of a member of authoriz	eu representative of a men	inej
KALYA GARCIA			
	Typed or printed i	name of signee	

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