422000249228

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A. BUTLER SEP 2 0 2022

COVER LETTER

TO:

TO: Registration Division of (s Section Corporations				
Astro M	ile LLC.				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Rainer Alejandro Travieso				
		Name of Person			
		Firm/Company			
	7255 W 31st Ave				
		Address			
	Hialeah FL 33018				
	rt.homes@aol.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further information	on concerning this matter, please c	all:			
7255 W 31ST AVE		786 2234694 at ()			
Nar	ne of Person	Area Code Daytime Telephone Number			
Enclosed is a check for	or the following amount:				
■ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy Certificate of State (additional copy is enclosed) Certified Copy (additional copy is en	tus &		
P.O. Box	on Section f Corporations	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

FIED

ASTRO MILE 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 05/31/2022 1.1/. His Florida document number <u>L22000249228</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 "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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida __

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
AMBR	Rainer Alejandro Travieso	7255 W 31ST AVE	□ Add
			□ Remove
		HIALEAH, FL 33018	Change
			
			□ Remove
			
			□Add
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		·	Change
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			Change
			□Add
			□Remove

. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	
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Note: If the date inserted in thi	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(6 s block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.
he record specifies a delayed effe ord is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 21	2022
	Signature of a member or authorized representative of a member
Rainer Travieso	
- Taviesu	Typed or printed name of signec