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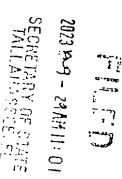
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: As	tra Insights	LCC 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:	
	\	Name of Person	
		Firm√Company	
	30725	US Hwy 19	N Suite 7
	Palm	City/State and Zip Code	34684
	13-mail address. (nsights @ gmail. (COM
For further information c	oncerning this matter, please ca	all:	
Terri	Bishap	679-	1552
Name o	f Person	Coo. Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		2023:Ac SECRE: TALL:
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

astra Insights	LLC
(Name of the Limited Liability Company as	it now appears on our records.)
(Name of the Limited Liability Company as (A Florida Limited Liability)	ty Company)
·	1 1

The Articles of Organization for this Limited Liability Company were filed on 119133 Florida document number L230000 19383 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(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

Title	<u>Name</u>	Address	Type of Action
MGR	Two Hearts One Soul LLC	30725 US Highway 19 North Suite 7 Palm Harbor F1 346	Add Remove
			_ Change
			□Add
			□Remove
			_ Change
			_ □∧dd
		SEORE TAIL AII	20 Decemove
		ABASSEE, FL	202 ange
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			🗆 Add
			□Remove
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			_ DRemove
			_ []Change

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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after stilled.								0_
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ed July 31 2023.		ayed effective date,	but not an effe	ective time, at	2:01 a.m. on t	he carlier of: (b)	The 90th da	ay after t
	ed July	31	<u> </u>	1023				
Signature of a member or authorized representative of a member					<u> </u>			
		J						

Filing Fee: \$25.00