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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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LLC Amend

08/24/23--01015--001 **25.00



A. RAMSEY SEP 1.4 2023

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
	ASTROBAR, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TOM RUNYAN, ESQ		
		Name of Person	
	THE RUNYAN LAW FIR	M PA	
		Firm/Company	
	1301 E OAKLAND PARE	C BLVD	
		Address	
	OAKLAND PARK, FL 33	334	
		City/State and Zip Code	
	TOM@RUNYANLAWFIR		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
TOM RUNYAN		954 561-9466	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the fall andre appoints		
		□ 0.5 5 0.0 1217 12 13 13	□ 640.00 PW P
■ \$25.00 Filing Fee	☐ \$30.00 Fifing 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)
<u>Mailing Addre</u>		Street Address:	
Registration		Registration Sec	
P.O. Box 63	Corporations 27	Division of Cor The Centre of T	

#3

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

(Name of the Limited Liability Company as it now appears on our records.)



ARTICLES OF ORGANIZATION **OF**

2023 AUG 24 AM 8: 28

(A Pjortda Limited L	raomty Company)
The Articles of Organization for this Limited Liability Company (Florida document number 1.23000050193	were filed on 1-26-2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registe
Name of New Projectured Agents TOM RUNYAN	N, ESQ. C/O THE RUNYAN LAW FIRM PA

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

MYTH GASTROBAR, LLC

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.

OAKLAND PARK

1301 E OAKLAND PARK BLVD

City

I New Registered Agent If Changing Registered Agent, Signature

Enter Florida street address

_, Florida 33334
Zip Code

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	Name	<u>Address</u>	Type of Action
MGR	BRANDEN C VIDAL	5615 BISCAYNE BLVD APT 3	
		MIAMI, FL 33137	■Remove
			□Change
AMBR	BRANDEN C VIDAL	5615 BISCAYNE BLVD APT 3	□Add
		MIAMI, FL 33137	≣ Remove
			[]Change
			□Add
			Remove
			□Change
		****	□Remove
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	fies a delayed	l effective date	e, but not a	n effective	time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th da	y after the
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