

L23 0000 60804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

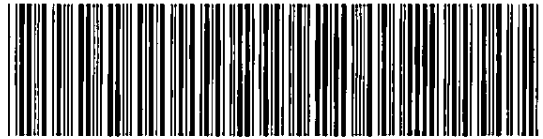
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6-27-24

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05/08/24--01015--012 \*\*52.50

07/15/24--01020--000 \*\*2.50

2024 JUN 27 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2024

PHANI DEEPA MALLAPAREDDY  
1616 SANDPIPER CIR  
WESTON, FL 33327

SUBJECT: ASTRA7 LLC  
Ref. Number: L23000060804

We have received your document for ASTRA7 LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

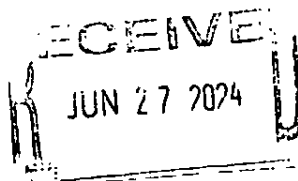
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 224A00011596



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASTRA7 LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHANI DEEPA MALLAPAREDDY  
Name of Person

ASTRA7 LLC  
Firm/Company

1616 SANDPIPER CIR  
Address

WESTON, FL, 33327  
City/State and Zip Code

deepa.mp@gmail.com  
E-mail address: (to be used for future annual report notification)

2024 JUN 27 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

PHANI DEEPA MALLAPAREDDY at (619) 507-1087  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ASTRA7 LLC

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

Feb, 02, 2023

The Articles of Organization for this Limited Liability Company were filed on 6/5/2024 and assigned  
Florida document number 123000060804

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ASTRAPRO TEK 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*

*City*

*Florida*

*Zip Code*

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

2024 JUN 27 PM 2:29  
SECRETARY OF DEFENSE  
TALAMON, E. M.

2024 JUN 27 PM 2:29  
SECRET  
TALANTA

**Effective date, if other than the date of filing:** 01/15/2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_.

Hand Dept -

Signature of a member or authorized representative of a member

PHANI DEEPA MALLAPAREDDY

Typed or printed name of signee

**Filing Fee: \$25.00**

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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2025 JUN 27 PM 2:29  
SECRETARY  
TAMARA  
POST  
OFFICE