

L23000142083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

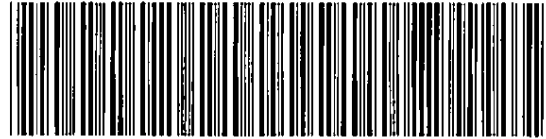
(Document Number)

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

Special Instructions to Filing Officer:

Please list the  
type of action you  
are taking w/  
Sami Katri

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

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*ML*

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Address Change- Astra 8191 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:

Johnathan Ibarra-Blackmoon

Name of Person

Astra Property Group

Firm/Company

152 NE 167th St. Suite 405

Address

Miami FL 33162

City/State and Zip Code

info@astrapg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnathan Ibarra-Blackmoon

954 372-1043  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2024

JOHNATHAN IBARRA-BLACKMOON  
152 NE 167TH ST, SUITE 405  
MIAMI, FL 33162

SUBJECT: ASTRA 8191 LLC  
Ref. Number: L23000142083

We have received your document for ASTRA 8191 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the type of action you are taking with each member.

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

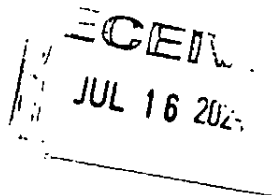
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 124A00012665

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Astua 8191 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 03/20/2023 and assigned  
Florida document number L23000142083.

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:**

152 NE 167th St, Suite 405

**(Principal office address MUST BE A STREET ADDRESS)**

Miami FL 33162

**Enter new mailing address, if applicable:**

152 NE 167th St, Suite 405

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami FL 33162

**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:

152 NE 167th St, Suite 405

*Enter Florida street address*

Miami

*City*

Florida

33162

*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**

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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>
MGR	Peles, Alon		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		152 NE 167th Ste 405 Miami FL 33162	<input checked="" type="checkbox"/> Change
2. AMBR	Katri, Sami	7 E 14 Street	<input type="checkbox"/> Add
		New York, NY 10003	<input type="checkbox"/> Remove
		152 NE 167th St Ste 405	<input checked="" type="checkbox"/> Change
		Miami FL 33142	
AMBR	Johnathan Ibarra-Blackmoon		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		152 NE 167th Ste 405 Miami FL 33162	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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12. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: 09/15/2024 (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 used as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/14 A, 2024

Signature of a member or authorized representative of a member

Alon Pella  
Typed or printed name of signatory

Typed or printed name of signee

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TALLAHASSEE, FL  
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