

L24000181994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

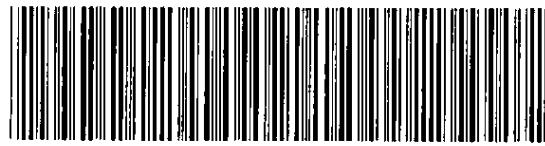
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AUG 29 2024

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FLORIDA DEPARTMENT OF STATE

I submit the request to make an amendment in my company, remove one of the partners and make the correction in my last name as referenced in the form.

thank you for your quick attention

Astor Antonio Aguirre Acuna
ASTOR ANTONIO AGUIRRE ACUNA
PHONE NUMBER 352-8902825
ASROLA INVESTMENTS LLC

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: _____ 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:

ASTOR ANTONIO AGUIRRE

Name of Person

ASTURANTONI LAGUREE

Firm Companies

6955 NW 186TH ST APT E-104

VOLUME 2

HALFAR E 33015

City, State and Zip Code

CARRENONMARIA3476@GMAIL.COM

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

For further information concerning this matter, please call

ASTOR ANTONIO AGUIRRE ACTINA 353 SEMINARIO

NAME _____ SBR _____

at { _____ }

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:

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

ASROLA INVESTMENTS LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 04 22 2024 and assigned Florida document number L2-4000187994.

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)

6955 NW 186TH ST APT E-104 HIALEAH, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6955 NW 186 TH ST APT-104 HIALEAH, FL 33015

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

, Florida

City

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

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

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

E. Effective date, if other than the date of filing: _____ (optional)

(11) 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.

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

08/22/2024

7:51

Dated

ASTOR ANTONIO AGUIRRE ACUÑA

Signature of a member or authorized representative of a member

ASTOR ANTONIO AGUIRRE ACUÑA

Typed or printed name of signee