

L24000187994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

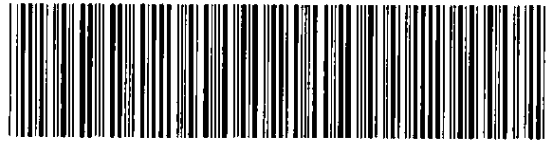
(Document Number)

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AUG 29 2024

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100435225631

08/27/24--C104E--C11 **25.00

FILED
2024 AUG 27 AM 11:31
FILING CLERK
STATE

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

ASROLA INVESTMENTS LLC

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

ASTOR ANTONIO AGUIRRE

Firm Company

6955 NW 186TH ST APT F-104

Address

HALEAH, FL 33015

City, State and Zip Code

CARRENOMARIA347@GMAIL.COM

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

For further information concerning this matter, please call:

ASTOR ANTONIO AGUIRRE ACUNA

352 8902825

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

**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)

FILED
2024 AUG 27 AM 11:31
CLERK OF THE COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/22/2024 and assigned
Florida document number L24000187994.

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 F-104 HIALEAH, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6955 NW 186TH ST APT F-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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ASTOR ANTONIO AGUIRRE ACUNA	6955 NW 186TH ST APT F-104 HIALEAH, FL 33015	<input type="checkbox"/> Add
		AGUIRRE ACUNA ASTOR ANTONIO	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CIRENE MILAGROS BULARIOS	6955 NW 186TH ST APT F-104 HIALEAH, FL 33015	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

7:51

Dated _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee