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io:

Division of Corporations

Fax Number . (850)617-6383

From:

Account Name : AA EXPRESS SERVICES INC

Account Number : 12023000057 : (954)596-0323 Phone hak Number ; (ᲧᲐ4)596-8353

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address	:	
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AUG 1 6 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		City	Zip Code
		, F	Slorida
New Registered Office Address:		Enter Floridu street addre	ess
N. D. '. LOW AND			
Name of New Registered Agent:	N/A		·
agent and/or the new registered office addre	ss here:		52
		address on our records, ente	
			3 11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		WESTON F1, 33331	
		#852	- 5 <u>1</u>
(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 here:		4581 WESTON RD	2024 A
			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		WESTON FL 33331	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	#852		
		4581 WESTON RD	
	ords "Limited Liebi	lity Company " the designation "I.I.	C" or the abbreviation "L.L.C."
	f the limited <u>liab</u>	ility company here:	
Florida document number L24000317815	 .		
The Articles of Organization for this Limited L.	iability Company	were filed on	and assigned
(Name of the Limit	ed Liability Compa (A Florida Limited I	iny as it <u>naw appears on our recor</u> Liability Company)	<u>rds.</u>)
ASTROMELIAN LLC			

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.

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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>	Address	Type of Action
MGR	MARTIN HERRERA	19490 STONEBROOK ST	= Add
		WESTON FL 33332	□Remove
			□ Change
			□Remove
			□Remove
		 	☐ Change
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Effective date, if other than the da (If an effective date is listed, the date must be <u>Note</u> : If the date inserted in this block document's effective date on the Depar	k does not meet the app	licable statutory filin	(option nore than 90 days after fil ag requirements, this d	al) ing.) Pursuant to 605.0207 (i ate will not be listed as th
ne record specifies a delayed effective d ord is filed.	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated AUGUST 12	2024	·		
Julian A Pipin	10 (140) gnature of a member or au			