## L14 000 000158

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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12/28/20--01009--030 \*\*25.00

FEB 0 8 2021

S. YOUNG



## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
	RANCE GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the following:	
	VICTOR VERDI		
		Name of Person	<del>.</del>
	VERDI ASSOCIATES GE	ROUP INC	
		Firm/Company	
	9681 NW 58TH COURT		
		Address	<del></del>
	PARKLAND, FLORIDA	33076	
		City/State and Zip Code	<del></del>
	vieverdi@comcast.net	to be used for future annual report notifi	
or further information	concerning this matter, please co		canoni
CTOR VERDI		732 829 8397 at ()	
Name	of Person	Area Code Daytime	Telephone Number
losed 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 Addr Registration Division of P.O. Box 62 Tallahassee	Section Corporations 327	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R. INSURANCE GROUP LLC			ہے
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears o Liability Company)	n our records.)
the Articles of Organization for this Limited Liaborida document number L14000000158 his amendment is submitted to amend the follows:	ibility Company		
If amending name, enter the new name of	the limited liab	ility company here	:
NITED ALLSTAR ADVISORS LLC			
e new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	12 SWEET MINT COURT	
rincipal office address MUST BE A STREET		TOMBALL, TX 77375	
Initial Action 16 Initial 16 Init	gistered office	TOMBALL, TX 7	
Name of New Registered Agent:			
New Registered Office Address:	6245 N FEDER	RAL HWY UNIT 315	
-	Enter Florida street address		
	CODTIALIDE	RDALE	Florida 33076
	FORTLAUDE		
	FORTLAUDE	City	Zip Code

he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			Remove
		<del></del>	□Change
			□Add
		<del></del>	□Remove
			☐ Change
			□Add
			□ Remove
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			Remove
			□Change

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Tective date, if other than the date of filing:    (optional)		
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