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(Requestor's Nam	ne)
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:S	ilver Star Ent	itu 110	
SUBJECT:	Name of Limite	d Liability Company	<del></del>
			,
The enclosed Articles of An	nendment and fee(s) are submi	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Emac	daldeen Ghaith Name of Person	
	Silver	Star Entity, C	10_
	4985	W. Colonial Dr Address	
	Orla	ando FL 328 City/State and Zip Code  4H & bell South. A be used for future annual report notificat	08
	Mghe E-mail address: (to	be used for future annual report notificat	ion)
For further information con	cerning this matter, please call		
Emada Name of P	Ideen Ghaith	h at (407) 694 - Area Code Daytime Te	285 S 5
Enclosed is a check for the	following amount:		FILEI
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	G ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silver Star Enti- (Name of the Limited Liability Compar (A Florida Limited L	ty as it now appears on our records.) lability Company)	_
The Articles of Organization for this Limited Liability Company Florida document numberL15000173376	were filed on 10/12/15 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	•
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	5555 West Colonia Orlando FL 328	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		3 7
New Registered Office Address:	KY.	7 M
	Enter Florida street address , Florida	12: 28
	City Zip C	'ode

## 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	d address of each person	being added
or removed from our records:			

<u>Title</u>	Name	Address	Type of Action
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