

L20000377407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

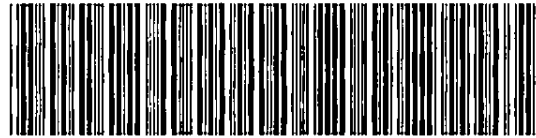
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR 20 12 10:53

01033

S.C.

COVER LETTER

**TO: Registration Section
Division of Corporations**

Starlight Pine LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gal Schwartz Maman

Name of Person

Starlight Pine LLC

Firm/Company

151 Hudson Ave

Address

Tenally, NJ, 07670

City/State and Zip Code

galschwartz@gmail.com

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

For further information concerning this matter, please call:

Gal Schwartz Maman

917 664-978

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 APR 20 PM 10:53

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Starlight Pine LLC

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

The Articles of Organization for this Limited Liability Company were filed on Dec 02, 2020 and assigned
Florida document number L20000377407

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)

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 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:

2875 NE 191st St, STE 601

Enter Florida street address

Aventura

City

Florida

33180

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>
AMBR	Sagi Maman	8170 Beverly Blvd, Suite #109	☐ Add
		Los Angeles, CA. 90048	☒ Remove
			☐ Change
AMBR	Gal Schwartz Maman	8170 Beverly Blvd, Suite #109	☐ Add
		Los Angeles, CA. 90048	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2010
JAN 10
10:00 AM

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

The the change in AMBR Gal Schwartz Maman - is the name. It was registered incorrectly as Gal Maman.

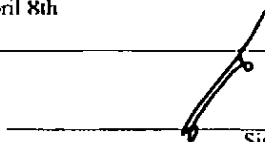
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

April 8th 2021
Dated _____



Signature of a member or authorized representative of a member

Gal Schwartz Maman

Typed or printed name of signer

2021 APR 20 P 10:53

RECEIVED

Filing Fee: \$25.00