Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000391466 3)))



H210003914663ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing So will generate another cover sheet.

To:

Division of Corporations
Fax Number : (859)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALCRO, LLC

. **
23554
MIT AF

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 21 2021

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

VALCRO, LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appered Limited Limited Limited Company)	
The Articles of Organization for this Limited Liability	y Company were filed on _	06/04/2021	and assigned
Fiorida document number <u>L21000262467</u>			
This amendment is submitted to amend the following:	;		
A. If amending name, enter the new name of the li	imited liability company	here:	. STARC
VALCRO GROUP, LLC	•	8	25
The new name must be distinguishable and contain the words 'I	Limited Liability Company," the	designation "LLC" or the 1781	eviation "ILLC".
Enter new principal offices address, if applicable:	·	<u>></u> .	- 응호 은
(Principal office address MUST BE A STREET AD)	DRESS)		
	<u> </u>		
		7	
Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or represented agent and/or the new registered office ac	gistered office address o ddress bere:	on our recurds, enter t	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street ad tress	
		, Florida	
	Ctry		Zip Code
New Registered Agent's Signature, if changing Registe	ered 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

MGR =	Man	om our records: ager aorized Membe	•			
Title		Name		•	Address	Type of Actio
						🗆 Remové
						Change
············				·		□ AbA
						□ Remove
	•					☐ Change
				·		bbA □
		,	٠	\bar{\alpha}		Remove
						_D Change
	-		 	_ _		_D Add
						Remove
						_ Change
<u> </u>			·	· ·	AND THE RESERVE OF THE PARTY OF	_D Add
						_ П Remöve
						Change
	_		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
						☐ Remove

			
·			
			
·	······		
		· .	
	· · · · · · · · · · · · · · · · · · ·		
<u>*</u>			202
			- PC
			
			0 0
			A O
			
. ———			
ffective date, if other t	han the date of filing:	(optional)	
an effective date is listed, the sorte; If the date inserted to cument's effective date	han the date of filing: date must be specific and cannot be prior to date of fil in this block does not meet the applicable statute on the Department of State's records.	ling or more than 90 days after filing.) Purs ory filling requirements, this date will	numi to 605.0 not be listed
record specifies a delayed is filed.	i effective date, but not an effective time, at 12:0	ol a.m. on the earlier of: (b) The 90t	h day after t
Dated 10/18/	2021		
y ./	Duis V Jucar		
	Signature of a member or authorized repres	sentative of a member	