

L17 000147618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

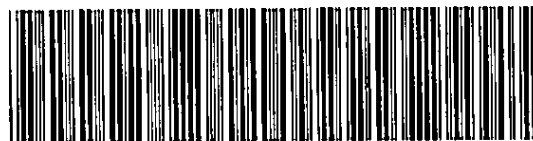
(Business Entity Name)

(Document Number)

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09/20/21--01015--022 \*\*25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Starboard Way LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsay Castillo  
Name of Person

Starboard Way LLC  
Firm/Company

10100 W Sample Rd 3rd floor  
Address

Coral Springs, FL 33065  
City/State and Zip Code

Lindsaycastillo@actorshut.com  
E-mail address: (to be used for future annual report notification)

Further information concerning this matter, please call:

Lindsay Castillo  
Name of Person

at ( 510 ) 543-3923  
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

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

Starboard Way 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 July 10<sup>th</sup>, 2017 and assigned Florida document number L17000147618.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The Actors Hut LLC

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)**

10100 W Sample Rd  
3rd floor  
Coral Springs FL 33065

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10100 W Sample Rd  
3rd floor  
Coral Springs FL 33065

**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:**

Lindsay Castillo

**New Registered Office Address:**

10100 W Sample Rd 3rd FL

Enter Florida street address

Coral Springs

City

Florida

33065

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**

Lindsay Castillo

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>
<u>MGR</u>	<u>Lindsay Castillo</u>	<u>10100 W Sample Rd Coral Springs FL 3306</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Michael</u> <u><del>Adair</del> R Adair</u>	<u>3200 N University Drive STE 204</u> <u>Doral Springs, FL 33065</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The name change from Starboard LLC  
to The Actors Hvt LLC that will  
help actors locally in Florida have  
workshop classes and preparation  
tools for their careers.

E. Effective date, if other than the date of filing: 9/15/2021 (optional)

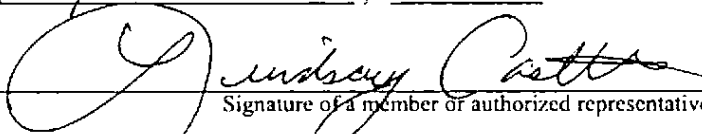
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

Dated

9/15/2021



Signature of a member or authorized representative of a member

Lindsay Castillo

Typed or printed name of signee