

LC60000436.19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

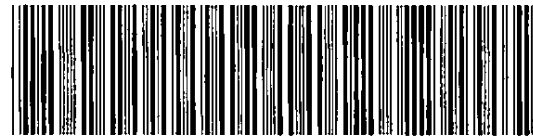
(Business Entity Name)

(Document Number)

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17 JUL -7 AM 10:04  
DIVISION OF CORPORATIONS

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REMONS  
JUL 12 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2017

BARBARA STREWLER  
3999 COMMONS DR W  
STE A  
DESTIN, FL 32541

SUBJECT: FIVE STAR LIVING, LLC  
Ref. Number: L06000043625

We have received your document for FIVE STAR LIVING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 817A00010955

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Concierge  
Five Star Living, LLC  
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:

Barbara Streuler  
Name of Person

5 Star Living Concierge, LLC  
Firm/Company

3999 Commons Drive West Suite A  
Address

Destin FL 32541  
City/State and Zip Code

5star@5starlife.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Streuler at (850) 218-0022  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Five Star Airway Concierge, 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 April 26, 2006 and assigned Florida document number LOGCY:CO43619

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**)

1234 Airport Rd #122  
Destin, FL 32541

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: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

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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	Stephen Carter	15400 Emerald Coast Parkway	<input type="checkbox"/> Add
		# 7A, Destin, FL, 32541	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Jean S Carter	15400 Emerald Coast Parkway	<input type="checkbox"/> Add
		Destin FL 32541	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Cristina Machado	1124 Quail Circle	<input checked="" type="checkbox"/> Add
		Destin FL 32541	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Elson Machado	1124 Quail Circle	<input checked="" type="checkbox"/> Add
		Destin FL 32541	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

17 JUL -7 AM 10:04  
 DECISION OF CONTINUATIONS

**FILED**

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

Multiple horizontal lines for amending information.

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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.

Dated June 26, 2017

Barbara Strewler  
Signature of a member or authorized representative of a member

Barbara Strewler  
Typed or printed name of signee