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K. SALY EXAMINER JUL - 9 2015

COVER LETTER

Div	ision of Corp	orations ,			
SUBJECT:	SOUTHPOIN	NT STAR, LLC			
		Name of Limit	ted Liability Company		
•					
The enélosed	d Articles of A	mendment and fee(s) are subn	mitted for filing.		
Please return	all correspond	dence concerning this matter t	to the following:		
		JIM FARAH			
			Name of Person		
THE FARAH LAW GROUP					
Firm/Company					
6550 ST. AUGUSTINE ROAD SUITE 103					
JACKSONVILLE, FL 32217					
City/State and Zip Code					
		E-mail address: (to	o be used for future annual report notifical	tion)	
For further in	nformation cor	ncerning this matter, please ca	II:		
JIM FARAF	-1		904 443-0060 at ()		
	Name of I	Person	Area Code Daytime Te	elephone Number	
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	iling 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:

TO:

Registration Section

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

FILED 2015 JUL-7 PM 4:09

SOUTHPOINT STAR, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on MARCH 8, 2007 Florida document number ______L07000025823 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: THE FARAH LAW GROUP Name of New Registered Agent: 6550 ST. AUGUSTINE ROAD SUITE 103 New Registered Office Address: Enter Florida street address Florida 32217
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.

City

JACKSONVILLE

anging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member, 2015 JUL -7 PM 4: 09 **Address** Title <u>Name</u> SECRETARY OF STATE - Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add

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Filing Fee: \$25.00