L08000064788

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SECRETARY OF STATE

COVER LETTER

	ision of Corp					
SUBJECT:	STARBLUI	ELLC				
Subject.		Name of Limi	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Romy B. Jurado				
			Name of Person			
	Jurado & Farshchian, P.L.					
	Firm/Company					
	12955 Biscayne Boulevard, Suite 328					
			Address			
		North Miami, FL 33181				
			City/State and Zip Code			
		romy@jflawfirm.com				
For further in	nformation co	ncerning this matter, please ca	to be used for future annual report notifi all:	cation)		
Romy Jurad	lo		305 921-0440			
	Name of	Person	at (at Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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

FILED 2015 NOV -5 PM 3: 55

SECRETARY OF STATE TALLARASSEE, FLORIDA

STARBLUE LLC	
(Name of the Limited Liabi (A Florid	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	• •
Florida document number L08000064788	·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the ne</u> d dress 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

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>	Address	Type of Action
AMBR	Pietra Di Liberto	7225 SW 54th CT	
		MIAMI, FL 33143	■ Remove
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	on, enter change(s) here: (Attach additional sheet	ts, if necessary.)
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Leffective date, if other than the de (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to date of filing or more than 90 k does not meet the applicable statutory filing requiren	(optional) days after filing.) Pursuant to 605.0207 (3)(b)
the record specifies a delayed e b) The 90th day after the recor	effective date, but not an effective time, at d is filed.	12:01 a.m. on the earlier of:
Dated October 2nd	2015	
Kim	gnature of a member or authorized representative of a memb	ver
	gament of a monitor of authorized representative of a memor	•••
Manuel Flores	Typed or printed name of signee	
	Types or printed finite of signee	

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Filing Fee: \$25.00