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(Re	equestor's Name)	
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то:	Registration Se Division of Cor			
SUBJE		r Enterprises, LLC		
SUBJE.	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Juan J. De Abreu Maceo	do	
			Name of Person	filing. owing: e of Person AcCompany Address e and Zip Code or future annual report notification) 305 6067331 Area Code Daytime Telephone Number 00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certifica
		Prime-Star Enterprises,	LLC	
			Firm/Company	
		175 SW 7th Stree. Suite	: 1612	
			Address	
		Miami, FL 33130		
			City/State and Zip Code	
		jjdeabreu@primestaram.e		300
For furt	her information co	oncerning this matter, please co		meation)
	. De Abreu Mac	-		
Juan J.			at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Registr	ING ADDRESS: ation Section	STREET/COUR Registration Section of Corre	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prime-Star Enterprises, LLC			
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L08000073669	iability Company	were filed on <u>07/31/2008</u>	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		175 SW 7th Street. Suite 1612	
		Miami, FL 33130	<u> </u>
Enter new mailing address, if applicable:		175 SW 7th Street. Suite 1612	JUN 28 AH
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33130	9 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	• •	<u>e</u> :	the name of the
New Registered Office Address:	175 SW 7th S	treet. Suite 1612	
		Enter Florida street address	
	Miami	. Florida ³³	3130
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Stratos Papatriantafyllou	782 NW 42 Avenue, Suite 630	
		Miami, FL 33126	- Damana
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. Effective dat	to is listed, the day	the date of t	filing:	or to date of filir	ut or more than Ul	(optional)	Pursuant to 605,020
Note: If the d	ate inserted in th	is block does:	not meet the appl	licable statutor	y filing requiren	ents, this date w	fill not be listed a
document's ef	ective date on the	ne Department	t of State's record	is.			
				not an effect	ive time, at	12:01 a.m. o	n the earlier o
) The 90th	ay after the	record is fi	ied.				
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Dated	June	<u>"と></u>	7016	· ·			
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		Signature	of a member or ab	thorized represent	ntative of a momb	··r	
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Filing Fee: \$25.00