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## COVER LETTER TO: **Registration Section Division of Corporations** 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: ania Charlez Star Development LLC. Ce Worth, Fl. 334 City/State and Zip Code Tania . Charlez @ gmail . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

\$30.00 Filing Fee & Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

**7\$**60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T-Star Dev	elopment LLC				
Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)  Onlity Company)				
The Articles of Organization for this Limited Liability Company were filed on					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	cy company here:				
Boynton Star Developmen	it LLC.				
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	5243 1st Rd.				
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth, Fl. 33467				
Enter new mailing address, if applicable:	5243 157 Rd Lake Worth, Fl. 33467-				
(Mailing address MAY BE A POST OFFICE BOX)	Lake Worth, Fl. 33467				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records, enter the name of the new				
	, Florida				
	City Series Sip Code				
New Registered Agent's Signature, if changing Registered Agent:	Dm &				

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Title	Name	Address	Type of Action
MGRM	Toni Bianca Charlez	5243 1st Rd Lake Worth, Fl. 33467	⊠ Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
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	Nay 9 , 20		<del></del>

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Filing Fee: \$25.00