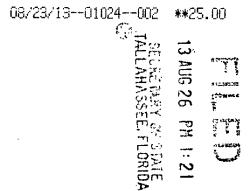
# L09600036559

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400250833184



#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## Starshine Properties-Geneva, LLC

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:

Deborah Grise	
Name of Person	
Firm/Company	
P O Box 1352	
Address	
Stuart, FL 34995	
City/State and Zip Code .	
starshineproperties@comcast.net	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## **Deborah Grise**

Name of Person

772 486-1035

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

Starshine Properties-Geneva, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recommendated Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 04/15/2009	and assigned
Florida document number L09000036559	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the design	gnation "LLC" or the abbreviati
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	<u>RESS)</u>	A S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		□m <del>-</del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne
	,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		orida
	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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alyson Schock	1852 SW Palm City Road	d ✓ <sub>Add</sub>
		#106	Remove
		Stuart FL 34994	_
			Add
			Remove
			_
<u></u>			Add
			Remove
		L AH	ω συνίας Θη συνίας συνίας συνίας
			26 p Add
		FLORID	Remove
		<b>&gt;</b>	_
<del></del>			Add
			Remove
			_
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
•	
•	
Dated	August 16 2013
	Signature of a member or authorized representative of a member
	Deborah Grise
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 AUG 26 PH 1: 21
SECRETARY OF STATE
TALLAHAS SEE, FLORID