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| (Re | equestor's Name) | | | | | |
|---|--|------|--|--|--|--|
| (Ad | ldress) | | | | | |
| (Ad | ldress) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | ertified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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O9 MAY 22 PH 2: 06
SECRETARY OF STATE

J. BRYAN

MAY 26 2009

EXAMINER

COVER LETTER

| TO: Regis Divisi | ration Section on of Corporations | ; | | • | |
|-------------------------|--|---|--|----------------------|----------------------------------|
| SUBJECT: | STA | ARLINE PROPI | ERTIES LLC | | |
| _ | ١ | Name of Limited Liabil | ity Company | | |
| The enclosed A | rticles of Amendment and | fee(s) are submitted for | filing. | | |
| Please return a | l correspondence concernir | ng this matter to the fol | lowing: | | |
| | in the second se | | OHANA | | |
| | | Nan | ne of Person | | SET SET |
| | | | n/Company | | OB HAY 22 PM 2 SECRETARSEE, F |
| | | РО ВО | OX 630121 | | SER IN |
| Address | | | | | THE E |
| | | MIAM | I, FL 33163 | | PM 2: 06 SEE, FLORIE |
| City/State and Zip Code | | | | | |
| | E-i | ronohana nail address: (to be used I | @yahoo.com or future annual report no | tification) | |
| For further info | rmation concerning this ma | atter, please call: | | | |
| | IRIS OHANA | at | (305) | 931-1557 | |
| | Name of Person | | Area Code & Dayti | ime Telephone Number | |
| Enclosed is a cl | neck for the following amo | unt: | | | |
| \$25.00 Filir | | e of Status Co | 00 Filing Fee & artified Copy dditional copy is enclos | ed) Certified | e of Status & |
| MAILING ADDRESS: | | | STREET/COU | RIER ADDRESS: | |

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

STARLINE PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liab | aility Company were filed on | 05/04/2009 | SE S | |
|--|----------------------------------|-----------------------------|-------------------------|--|
| Florida document number L09000430 | • • | 00/04/2000 | and assigned | |
| This amendment is submitted to amend the follow | ring: | | | |
| A. If amending name, enter the new name of t | ne limited liability company he | <u>re</u> : | | |
| The new name must be distinguishable and end with "L.L.C." | he words "Limited Liability Comp | any," the designation "L | LC" or the abbreviation | |
| Enter new principal offices address, if applicab | le: | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | |
| Enter new mailing address, if applicable: | - | | | |
| (Mailing address MAY BE A POST OFFICE BO | | 714 400 00 | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | our records, <u>enter t</u> | he name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Fr | nter Florida street addi | *255 | |
| | | | | |
| | City | , Florida | 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 **Type of Action Title** Name **Address MGRM** ARIK HALFON 17150 N. BAY RD # 2514 SUNNY ISLES, FL 33160 ✓ Add Remove ☐ Add Remove . ∏Add □ Remove Remove ∏Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member IRIS OHANA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00