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(D)	equestor's Name)		
(Ne	squestor s Marrie)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		





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SECRETARY OF STATE
TALLAHASSEE, FLORIA

D. BRUCE

JUN 0 2 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	STARLINE I	PROPERTIES LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		RON OHANA		
		Name of Person		
		Firm/Company		
		PO BOX 630121		
		Address		7
		MIAMI,FL33163		O9 J
	rc	City/State and Zip Code		JUN -
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report notifi	cation)	はペート
	ON OHANA	ai (931-1557	PH 3: 01 OF STATE
Name	of Person	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)	Certified (of Status &
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RLINE PROPERTIES LL		
(<u>Name of the Limited</u> (A	Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	5/4/2009	and assigned
Florida document numberL0900004	3016		
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	cable:	···	
(Principal office address MUST BE A STREE	ET ADDRESS)		SEC 09
			SA SA
Enter new mailing address, if applicable:			SEE.
(Mailing address MAY BE A POST OFFICE	BOX)		TI'S IN
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	RON OHANA		
New Registered Office Address:	3332 NE 190 ST # 1215		
	En	ter Florida street add	ress
	AVENTURA City	, Florida	33180 Zip Code
	Cny		zip Coae

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

MGR = Ma MGRM = M	nager Ianaging Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM	RON OHANA	18851 NE 29 AVE # 733 AVENTURA, FL 33180	✓ Add ☐ Remove
MGRM_	IRIS OHANA	18851 NE 29 AVE #733 AVENTURA, FL 33180	Add Remove
			Add Remove
			Add Remove
····			Add Remove
			Add Remove
. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if nece.	ssary.) O9 JUN SECRETA TALLAHAS
			FILED N-1 PM 3:0 TARY OF STAIL
 Pated	5/28/2009		01
	Signature of a	member or authorized representative of a member	
		Typed or printed name of signee Page 2 of 2	

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Filing Fee: \$25.00