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COVER LETTER

	ration Sec n of Corp			
	ARK PRO	OPERTIES LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Ilian Papasov		
		*****	Name of Person	
		Stark Properties LLC		
			Firm/Company	
		405 S Oregon Ave		
			Address	
		Tampa. FL 33606		
			City/State and Zip Code	
		info@starkpropertiesllc.com		(
For further infor	mation co	E-mail address: () ncerning this matter, please co	to be used for future annual report noti all:	neation)
Ventzislav Issae	ev		813 464-4175	
	Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a che	eck for the	: following amount:		
■ \$25.00 Filin	g 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)
	: Address ration S		Street Address: Registration Se	ction
~		ection orporations	Division of Co	
P.O. B	30x 6327	, -	The Centre of	
Tallah	assee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STARK PROPERTIES LLC

(Name of the Limited Liability	Company as it now appears on our re- imited Liability Company)	cords.) 克尔法 2
(A rionus t.i	miled Liability Company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Liability Con	many were filed on 09/21/2010	and assigned
Florida document number L10000098397	mpany were med on	25. 1
Florida document number		
This amendment is submitted to amend the following:		• •
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code
N B I A A A A A A A A A A A A A A A A A A		

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ventzislav Issaev		
		Tampa, FL 33606	□Remove
			■Change
			□ Add
		·	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
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			□ Add
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fective date, if oth an effective date is listed ote: If the date inser- ocument's effective d	d, the date must be s ted in this block o	pecific and car loes not mee	nnot be prior	able statutory	r itling requi	rements, un	filing.) Pursi	uant to 605.020 not be listed as
record specifies a del is filed.	ayed effective dat	e, but not an	effective ti	me, at 12:01	a.m. on the	earlier of: (t) The 90th	n day after the
ated August 25		· -	2020	·				
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V	10	LI	M	orized represer				

Filing Fee: \$25.00