## L11 000099760

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## **COVER LETTER**

	ration Section an of Corporations		
	reostar, LLC		
SUBJECT: _	Name of Limited Liability Company		
	ticles of Amendment and fee(s) are submitted for filing.		
ricase return ai	correspondence concerning this matter to the following:		
	Paul K. Heuerman		
	Name of Person		
	Roetzel & Andress, LPA		
Firm/Company			
	850 Park Shore Drive, Third Floor		
	Address		
	Naples, FL 34103		
	City/State and Zip Code		
	pheuerman@ralaw.com		
	E-mail address: (to be used for future annual report notification)		
	mation concerning this matter, please call:		
Paul K. Heuerr	at ( )		
	Name of Person Area Code Daytime Telephone Number		
Enclosed is a ch	rck for the following amount:		
■ \$25 (X) Film	g Fee S 30 00 Filing Fee & S \$55.00 Filing Fee & S \$60 00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Regis Divisi P.O. E	Address: ration Section Registration Section on of Corporations ox 6327 Division of Centre of Tallahassee assee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF PM 12: 38

Arcostar, LLC Liability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_08/30/2011 \_\_\_\_and assigned Florida document number \_ L11000099760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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 2020 APR 27 PH 12: 38

<u>Title</u>	Name	Address	Type of Action
MGR	Nina Lucia Francesca Giudei	VIA CANTONALE 54	<b>≅</b> Add
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			C) Change

nending any other information, enter change(s) here: (.	Attach additional she	ets, if neces	isary.)
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April ZZ 2020			
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Signature of a member or authorize	odremesentative of a mer	they (	11 140

Filing Fee: \$25.00