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SECRETARY OF STATE
TALLAHASSEE EA

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

erin ricer	Dark Star Ir	vestment Group, LLC		
SUBJECT:		Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Matthew R Sireci		
			Name of Person	<u>.</u>
			Firm/Company	
		7924 Bell Drive		
			Address	2022 SE(
		Port Richey		2022 SEP -9 AM 8: 20 SECRETARY OF STATE TALLAHASSEE. FL
		Florida 34668	City/State and Zip Code	P-9 AH TARY OF AHASSE
		E-mail address: (	to be used for future annual report notification)	TEST ST
For further is	nformation c	oncerning this matter, please c	all:	1 20 20 20 E
Matthew R	Sireci		813 505-8886 at()	
	Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed is a	a check for th	ne following amount:		
<b>■</b> \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di	diling Addressistration Section of COO. Box 632	Section orporations	Street Address: Registration Section Division of Corporation The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dark Star Investment Group, 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 Liability Company were filed on 12/12/2011 and assigned Florida document number L11000139763 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7924 Bell Drive Enter new mailing address, if applicable: Port Richev Fl 34668 (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: Matthew R Sireci Name of New Registered Agent: 7924 Bell Drive New Registered Office Address: Enter Florida street address

## 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.

City

Port Richey

If Changing Registered Agent, Signature of New Registered Agent

, Florida <sup>34668</sup>

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>	Name	Address	Type of Action
MGR	Marcia A Sireci	1128 Flagler Avenue	■Add
		Key West Fl, 33040	□Remove
			□Change
			□Add
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Effective date, if other is an effective date is listent Note: If the date insent document's effective of the date in the date	rted in this block	does not me	eet the applic	able statutory	or more than 90 filing requirem	(option: days after fili ents, this da	al) ng.) Pursu ate will no	ant to 60 ot be list	5.0207 ( ted as !
e record specifies a de rd is filed.	layed effective da	te, but not a	n effective ti	me, at 12:01 a	i.m. on the earl	er of: (b)	The 90th	day afte	er the
September 6 Dated		<u> </u>	2022						
Dated		//			ative of a membe				

Filing Fee: \$25.00