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COVER LETTER

CIID IEZT.	GALAXY S	STARS HOLDING LLC		
SUBJECT:		Name of Limi	ited Liability Company	······································
		Amendment and fee(s) are submitted	-	
2 10000 10000	. a., son copo	MARIE B. CODE, ESQ.		
			Name of Person	
		MARIE B. CODE, ESQ., I	P.L.	
			Firm/Company	
		1308 SW 27TH TERRACI	Address	
		CAPE CORAL, FLORIDA	• • • • • • • • • • • • • • • • • • • •	·
		MARIE@MARIEESQUIR	City/State and Zip Code E.COM	
For further i	nformation c	E-mail address: (i oncerning this matter, please or	to be used for future annual report notif all:	ication)
MARIE B.	CODE		239 829.0063	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALAXY STARS HOLDING LLC		77.	_ [
(Name of the Limited	Liability Company as it now appears on a Florida Limited Liability Company)	ST A SC	□ □ □
The Articles of Organization for this Limited Lial Florida document number L12000008506	bility Company were filed on JANUA	RY 18, 2012	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designa	ation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered officers.	r registered office address on our ce address here:	records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	rees address	
		. Florida	
	City		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 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
MGRM	SUNLITE HOLDING LLC	1956 GROVE AVE., UNIT A	
		FORT MYERS, FLORIDA 33901	≅ Remove
			Change
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,			Change
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tive date, if other than the da	te of filing:	(optional)	
If the date inserted in this block	does not meet the applicable state	of filing or more than 90 days after filing.) tutory filing requirements, this date w	Pursuant to 605 vill not be list
nent's effective date on the Depa	rtment of State's records.		
cord specifies a delayed e	ffective date but not an e	fféctive time, at 12:01 a.m. o	n tha nadii
e 90th day after the record	is filed.		ii die earn
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Filing Fee: \$25.00