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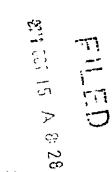
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## **COVER LETTER**

TO: Registration S Division of Co				
36 STAR I	SLAND HOLDING, LLC.			
30b/r.C1,	SEAND HOLDING, ELC.  Name of Lin	nited Liability Company .		
	Amendment and fee(s) are sub	_		
riease return an corresp	ondence concerning this matter	to the following:		
	RICHARD G TOLEDO			
		Name of Person		
	36 STAR ISLAND HOLD	INGS, LLC.		.0,2
		Firm/Company		2 丁
	999 BRICKELL AVENUE			5 -1
		Address		
	MIAMI, FL 33131			çç N
		City/State and Zip Code		29
	accounting@isanic.com E-mail address: (	to be used for future annual report notif	ication)	
For further information c	concerning this matter, please ca	all:		·
RICHARD G. TOLEDO		305 416-0202	•	
Name c	of Person .	Area Code Daytime	Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

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

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

36 STAR ISLAND HOLDINGS, 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 03/07/2012 \_\_ and assigned Florida document number  $\frac{1.12000033171}{1.12000033171}$ 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) NONE 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: NONE Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If Emending 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	PAOLA CASTILLO RIBON	999 BRICKELL AVENUE	
		PH 1101	
,		MIAMI, FL 33131	Change
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If the date inserted in this block does not meet the	applicable statutory filing t	e than 90 days after this requirements, this da	ng.) Pursuant to 605. te will not be liste
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ecord specifies a delayed effective date, but e 90th day after the record is filed.	ut not an effective tin	ne, at 12:01 a.m	n. on the earlie
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OCTOBER 03 2018			
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Il or	wil / Well		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00