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FFEOTIVE DATE

2015 DEC 23 PH 3: 50 SECNETARY OF STATE

COVER LETTER

	Registration Sect Division of Corp		•	
SUBJEC [*]	STARPIKE,	LLC		
SUBJEC	1	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspond	dence concerning this matter t	to the following:	
		MEHMET O. ALABAZ		
			Name of Person	
		LIME TREE LOUNGE		
			Firm/Company	
		1602 ALTON ROAD #566		
			Address	
		MIAMI BEACH FLORIDA	A 33139	
		-	City/State and Zip Code	
		E-mail address: (to	O be used for future annual report notification	on)
For furthe	r information cor	ncerning this matter, please ca	11:	
МЕНМЕ	TO. ALABAZ		786 972-7192 at (305) 6150109	V
	Name of I	Person		lephone Number
Enclosed i	is a check for the	following amount:		
□ \$25.00	O Filing 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)

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

TO ARTICLES OF ORGANIZATION OF

FILED

2115 DEC 23 PH 3: 54

STARPIKE, LLC		EORETARY OF STATE ILLAHASSER, F LORIDA
(Name of the Limited	Liability Company as it now appears on our records.	HELAHASSEE, FILORIDA
The Articles of Organization for this Limited Liab Florida document number		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	,	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
,	, Flori	
	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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title .	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ENGIN AKDEMIR	1131 COLLINS AVENUE MB FL	
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		12/26/2015			
tive date, if other than frective date is listed, the date	the date of fili	ng:	date of filing or mo	option (option)	nal)
If the date inserted in thinent's effective date on the	s block does not	meet the applicab	le statutory filing	requirements, this	date will not be listed
cord specifies a dela e 90th day after the i			an effective ti	me, at 12:01 a.	m. on the earlie
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12/18 1		2015			
			- *		
	Signature of	a member or authori	zed representative of	f a member	
/					

Page 3 of 3

Filing Fee: \$25.00