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	<b>S. WARREN</b> JUL 0 6 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations

JS STARVENTURES FILMWORKS LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE SANCHEZ

Name of Person

STARVENTURE FILMS L4C

Firm/Company

1175 LAKESHADOW CIR #4106

Address

MAITLAND, FLORIDA 32751

City/State and Zip Code JSSTARVENTURESFILMWORKS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE SANCHEZ	-407 - 690-0	556
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the 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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JS STARVENUURES FILMWORKS LLC		
( <u>Name of the Limited Liability Company</u> (A Florida 1 inited Lia	(as it now appears on our records.) dulity ( ompany )	
The Articles of Organization for this Limited Liability Company w Florida document number EZ	are filed on 5-03/2012 TAY # 30 - 0755325	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
STAR VEN The new name must be distinguishable and contain the words "Limited Liability	Company "the designation "H C" or the abbre	viation "11C"
Enter new principal offices address, if applicable:	····	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		<u>c name of the new</u>
Name of New Registered Agent:	,,,,,,,	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cite	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

*Thereby 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, Thereby confirm that the limited liability company has been notified in writing of this change.* 

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If Changing Registered Agent, Signature of New I	<u>terister</u>	. പ <u>പര</u> ുണ	<u>it</u> i <sup></sup>
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Page 1 of 3	<u></u> 	12	· <b>_</b> ·
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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	Rahiem JALBAR	563 hibiscus cove de Orlandu FL 22807	🗹 तत्तत
			EF Remove
			🗋 Change
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			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JUNE 1ST 2017	
	- <u>-</u>
<del>-</del>	
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(If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JI Dated	UNE IST	2017			
	(	so tan		17	
	JOSE SANCHEZ	Signature of a member or authorized representative of a member		ุบบห 30	 
		Typed or printed name of signee	;;;; ;;;; ;;;;	PH	с С
		Page 3 of 3		12: 04	

Filing Fee: \$25.00