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EXAMINER



100242287761

12/17/12--01019--028 **25.00

FILED
12 DEC 17 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Starge LLC
Name of Limited Liability Company

The enclosed Article submitted for filing.

Please return all to the following:

STEPHANIE G AURORA
Name of Person.

STARGE LLC
Firm/Company.

724 PALM AVE
Address

TARPON SPRINGS FL 34689
City/State and Zip Code

SAURORA@TAMPABAY-RR.COM
E-mail address: (to be used for future annual report notification)

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12 DEC 17 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

STEPHANIE G AURORA at (907) 657 6311
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**

STARGE 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 10-26-12 and assigned

Florida document number 41200013679.1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 end with 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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM MGRM	STEPHANIE G DURORA	724 PALM AVE	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS FL 34689	<input type="checkbox"/> Remove
MGRM MGRM MGRM	George M Georgiou	764 Chesapeake DR	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS FL 34689	<input type="checkbox"/> Remove
MGRM MGRM	ART S. Georgiou	724 PALM AVE	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.

Stephanie G. Aurora

Signature of a member or authorized representative of a member

Stephanie G. Aurora

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00