# L13000040345

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# COVER LETTER \*

10:	Division of Cor			••
SUBJE		ENTERPRISES, LLC		
SUBJE				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		KARI LYNN REINKE		
			Name of Person	
		STAR III ENTERPRISES	, LLC	•
			Firm/Company	
		2425 SE DELANO RD		
			Address	
		PORT ST LUCIE, FL 349	52	
			City/State and Zip Code	
		KARICENTURY21@AOL		
			to be used for future annual report notif	eation)
For furt	her information c	oncerning this matter, please co	all:	
KARI I	YNN REINKE		772 521-6200 at ()	<u></u>
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d 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 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 AUG -4 PM 12: 39

SECRETARY OF STATE, TALL ARASSUE, PLORIDA

### STAR III ENTERPRISES, 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 L	iability Company were filed on MAI	RCH 18, 2013 and assigned
Florida document number L13000040345		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	<b>:</b>
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX	
D. If any and in a the mediate and areast and	I/ou workstowed office address on a	our records autor the rome of the re-
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the ne
Name of New Registered Agent:	KARI LYNN REINKE	
New Registered Office Address:	2425 SE DELANO RD	
	Enter Florid	a street address
	PORT ST LUCIE, FL 34952	, 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 àmending 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
AMBR	KARI LYNN REINKE	2425 SE DELANO ROAD	■ Add
		PORT ST LUCIE, FL 34952	□ Remove
			Change
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Filing Fee: \$25.00