## L1300004/522

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(A	ddress)	
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(C	ity/State/Zip/Phone	: #)
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SECRETARY OF STATE

T. HAMPTON

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJ	IECT: STARLET	, LLC		,
	<del></del>	Name of Lin	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		ROBERT G. FINDLEY		
			Name of Person	
		STARLET, LLC	<u> </u>	
			Firm/Company	<del></del>
		4780 Todd Street		
			Address	<del>-</del>
		Lake Worth, FL 33463		
			City/State and Zip Code	
		growinplaces@aol.com	to be used for future annual report notif	(action)
- ^			•	ication)
For tu	rther information c	oncerning this matter, please ca	all:	
ROBI	ERT G. FINDLEY		at ( 561 ) 707-0280	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>⊠</b> \$2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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

STARLET, LLC (Name of the Limite	d Liability Compa	any as it now appea	rs on our records.)	<del></del>	
(Name of the Limite	A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Lia	ibility Company	were filed on 3/2	20/2013	and as	signed
Florida document number L13000041522					
This amendment is submitted to amend the follow	ving:				
	Ü	:::			
A. If amending name, enter the new name of	ne iimited iiab	inty company ne	ere:		
FINDLEY HOMES, LLC  The new name must be distinguishable and end with the v	vords "Limited Lia	hility Company " the	designation "LLL or	the abbreviation!	"IIC"
		onny Company, me	designation EEO of		L.L.C.
Enter new principal offices address, if applica		N/A		TAPE J	<del>- i j</del> -
(Principal office address MUST BE A STREET	" <u>ADDRESS)</u>			E F	
			·····	37, 0	1
				新 <u></u>	TH
Enter new mailing address, if applicable:		N/A		HI IO:	O
(Mailing address MAY BE A POST OFFICE B	OX)			ORIE OR	)
				7>	
B. If amending the registered agent and/or	r registered of	ffice address or	ı our records, <u>eı</u>	nter the name	of the new
registered agent and/or the new registered offi	ce address here	<u>e:</u>			
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Flor	ida street address		
			, Florida	a	
		City	<del>.</del>	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered	agent and agre	e to act in this c	capacity. I further	agree to com	oly with the

If Changing Registered Agent, Signature of New Registered Agent

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, E.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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

N/A  N/A    Add   Remove	<u>Title</u>	Name	Address	Type of Acti n
Remove  Add  Remove  Remove  Add  Add  Add  Add	N/A	<u>N/A</u>	N/A	🗆 Add
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LAHASSEF, LORIDA  Add  Add  Add  Add				Remove
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	<del></del>
	•
ive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date and cannot be te this document is filed by the Florida Department of State)	(optional) e more than 90 days after
July 2 2015	
MAM File	_
Signature of a member or authorized representative of	of a member
Signature of a memori of authorized spresentative (	

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Filing Fee: \$25.00

SECRETARY OF STATE