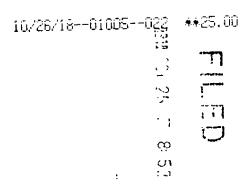
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COVER LETTER

TO:	Registration Se Division of Cor					
aun in		Star Painting LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		ARIEL FLORES				
			Name of Person			
		SAC VELL V ST. DESTIN	Firm/Company	<u>-</u>		
		566 KELLY ST. DESTIN.	, r		~2	
		DESTIN, FL 32541	Address		Seed you	7
			City/State and Zip Code		(3)	; [17]
		5starrenollc@gmail.com			ίĴ	
		E-mail address: (to be used for future annual report notifi	cation)	හු	
For furt	her information co	oncerning this matter, please ca	all:		S	
Ariel F			850 533 - 9461			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne 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 Certificate of Certified Co (additional cop	of Status &	

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

5 STAR P	AINTING LLC	
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on APRIL 01/2013	and assigned
lorida document numberL13000047148		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
STAR COMPANIES - PAINTING DIVISION LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	FCC)	3
Principal office address MUST BE A STREET ADDRI	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		N)
		5 in
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		びl
		•
3. If amending the registered agent and/or regist		enter the name of the
egistered agent and/or the new registered office addr	ess here:	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
Ten registered office radices.	Enter Florida street address	, , , , , , , , , , , , , , , , , , , ,
	. Flori	ida
- · · · -	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 amending 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>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			☐ Remove
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Filing Fee: \$25.00