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(Danish da Nara)	
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

21ST CENTURY REALTY STARS, LLC

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:

DOMINIQUE PREMILIEN

Name of Person

21ST CENTURY REALTY STARS, LLC

Firm/Company

724 N HASTINGS STREET

Address

ORLANDO, FL 32808

City/State and Zip Code

dominiquepremilien@yahoo.com

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

For further information concerning this matter, please call:

DOMINIQUE PREMILIEN

Name of Person

321 284-5701

Area Code & Daytime Telephone Number

DIB HAY I AM I: OI

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

21ST CENTURY REALTY STARS, 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 Lia	bility Compa	any were filed on 4/13/2013	and assigned
Florida document number <u>L13000054505</u>	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited l	iability company here:	
N/A			
The new name must be distinguishable and end with "L.L.C."	the words "L	imited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	N/A	
(Principal office address MUST BE A STREET	ADDRESS		<u></u>
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE B	<u>ROX)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:			ds, enter the name of the new
		<u>, 4, 4, 1, 1, 1, 11, 11, 11, 11, 11, 11,</u>	A P
New Registered Office Address:		1	r street address
New Registered Agent's Signature, if changing R	agistawad A	City	OR ALL
new negistered Agent's Signature, it changing K	eristereu Age	:uli	₽ (1) □

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 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>	Address	Type of Action
Mgem	DOMINIQUE PREMILIEN	2243 PIPESTONE CT, ORLANDO, FL 3281	8 🗸 Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove
			- _ Add
		ALLAHAR	Remove
		HASSEE FLORIDA	
		ATE VIDA	Remove

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• ****	•
_	
_	
Dated	
	The strain is
	Sphature of a member or authorized representative of a member
	DOMINIQUE PREMILIEN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

