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TALLAHASSEE, FLORIDA

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COVER LETTER ·

Division of Co	porations			
KENNS SUBJECT:	TAR, LLC			
SOBODET.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	FRED M. STARLING	l		
		Name of Person		
,	STARLING HR, LLC			
		Firm/Company		
	5969 CATTLERIDGE BLVD., STE 200		TALLAHA	77
		Address	HAS	F
	SARASOTA, FL 342	32	O P	
		City/State and Zip Code		~~~
	PC@STARLING-GRO	OUP.COM to be used for future annual report notifi	· · · · · · · · · · · · · · · · · · ·	n
For further information co	oncerning this matter, please co			
PEGGY COX		941 378-3811 EX	TT 106	
Name of	Person		Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Gertificate of Status & Gertificate of Status & Gertificate copy; (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

KENNSTAR, LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on JUNE 27, 2013 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
STARLING HR, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	CLUTE 200			
Principal office address MUST BE A STREET ADDRESS)				
	SARASOTA, FL 34232			
Enter new mailing address, if applicable:	5969 CATTLERIDGE BLVD.			
Mailing address MAY BE A POST OFFICE BOX)	SUITE 200			
	SARASOTA, FL 34232			
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	effice address on our records, enter the mame of the ne			
	, Florida -			

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
		·	☐ Change
		·	
			□ Remove
		·	· Change
			Add
			Remove
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(If an effe Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be put the date inserted in this block does not meet the appent's effective date on the Department of State's record	plicable statutory filing require	ements, this date will not be lis	05.0207 sted as
the rec) The	ord specifies a delayed effective date, but 90th day after the record is filed.	not an effective time, a	t 12:01 a.m. on the ear	lier of
Dated _	Aug. 26, 201	2/-		
	Signature of a member or a	uthorized representative of a men	nber	

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Filing Fee: \$25.00