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SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

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MAY 13 2013) BRUCE

COVER LETTER

TO: Registration Se Division of Cor			
•	RASTAR BEAL	ESTATE SERVICES	s, LLC
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RONAL	-D W. ROSE Name of Person	
	TERRASTAR R	REAL ESTATE SERV	ICES, LLC
	132 AVIAT	TION PKWY	
		Address	
	CAPÉ CORAL	City/State and Zip Code O YA HOO · Com to be used for future annual report notif	
	Day Dari	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
RONALD	W. Rose	ar (239) 200 - (9511
	of Person	at (239) 200 - 6 Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		Telephone Number of Land Name o
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	JING ADDRESS:	STREET/COURII Registration Section	n
P.O. B	on of Corporations ox 6327 assee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cer	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRASTAR REAL EST	ATE SERVICES, LLC
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Plorida document number	were filed on 1/17/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FL 33904
The part of the second of the	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	132 AVIATION AKWY CAPE CORAL, FL 33904
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	;
Name of New Registered Agent: RONA	LD W. ROSE ES =
New Registered Office Address: 132 Au	ATION PKWY Enter Florida street address ORAL City Florida Sign Gade
CAPE C	City, Florida 33964
New Registered Agent's Signature, if changing Registered Agent:	O 3

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 = Ma $AMBR = Au$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
		##A Manager	□ Remove
			Change
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			☐ Remove
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Filing Fee: \$25.00