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JUL 13 2017 J CHIVENS

COVER LETTER

TO:	Registration Se Division of Cor			
er:Dir	Startek Ent	erprises, LLC		
SUBJE.	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	cturn all correspe	ondence concerning this matter	to the following:	
		Victor H. Diaz		
			Name of Person	
		Startek Enterprises, LLC		
			Firm/Company	
		807 Shotgun Road		
			Address	
		Sunrise, FL 33326		
			City/State and Zip Code	
		victor@startekenterprises.co	om to be used for future annual report notifi	
For furt	her information e	oncerning this matter, please ca	·	cation)
Victor I	H. Diaz		954 600 5003	
	Name o	f Person	at ()	Telephone Number
Enclose	rd 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 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

Startek Enterprises, LLC			
(<u>Name of the Limited Liz</u> (A Flo	bility Company as it now apper orda Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on $\frac{5}{2}$	/29/14	and assigned
Florida document number 1.14000086030			
This amendment is submitted to amend the following	ı:		
A. If amending name, enter the new name of the	imited liability company b	<u>iere</u> :	
The new name must be distinguishable and contain the words	Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DRESS)		
			
Enter new mailing address, if applicable:		. <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re	gistered office address o	n our records, ente	r the name of the ne
registered agent and/or the new registered office a	ddress here:		
			77
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
	City	, Florida _	
	Cuy		Alb Char

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>	Address	Type of Action
AMBR	Daniel Lee		
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			Change
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ffective date, if other than	the date of fi	06/30/1 ling:			_ (optional)			
an effective date is listed, the date of the interest of the date inserted in the date inserted in the date.	e must be specific	and cannot be p	nior to date of film	g or more than 90 o	lays after filing.	Pursuan	t to 605,0207 (3)(b	1)
ocument's effective date on the				y ming requirem	ino, una uare	wiii iioi	be fisien as the	
e record specifies a dela			not an effect	ive time, at 1	2:01 a.m.	on the	earlier of:	
The 90th day after the	record is file	ed.			,	/	ام د د	٠.
luna 20th		2017	Λ		}	 - MO	~ 10 W	-
ated June 30th							PATRICIA VIMENA LARA Stary Public - State of Flo	rida
		[A	111		\ <u>.</u>		Commission # GG 11527	
		~ 1	111		1 / 3/44		Comm. Expires Jun 15, 2 ded through National Notary	

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Typed or printed name of signee

Filing Fee: \$25.00

