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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CERFORATION

SIMMO

SEP 30 2016

COVER LETTER

Division of Corp	orations		
SUBJECT: 163	STARS LLC	`	
·	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
•	Ü	C	
		Name of Person	
	, t	Name of Person	
	LGSTARS	llc	
	<u> </u>	Firm/Company	
	2060 N	E 203 TER	
		Address	
	MIAMIFL	-33179	
		City/State and Zip Code	
	<u>GSCHN</u>	EIDEROIQKE	PITAL-COA
	E-mail address: (t	to be used for future annual report noti	fication)
For further information con	ncerning this matter, please ca	all:	
GASTON.	SCHNEIDER	at (786) 277	4479
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e 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:

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

LGSIAES LI	کر						
(Name of the Limited	Liability Compai Florida Limited I	ny as it now a iability Comp	ppears on our any)	records.)			
The Articles of Organization for this Limited Liab Florida document number		were filed o	n 7/2	3/2014	and as	ssigned	
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liabi	lity compa	ny here:				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company,"	the designation	on "LLC" or the a	bbreviation "I	し ま C."	
Enter new principal offices address, if applical	ole:	<u></u>			Sign	SE .	
(Principal office address MUST BE A STREET	ADDRESS)				유	29	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>				CORFORATIONS	PM 2: 17	→ - - -
B. If amending the registered agent and/or registered agent and/or the new registered office			ss on our r	ecords, <u>enter</u>	the name	of the	<u>e new</u>
Name of New Registered Agent:	GASTE	on s	CHNE	DER	 .		
New Registered Office Address:	2060	N.E.	203 er Florida stree	TER t address			_
	MIAMI	City		, Florida	3317	9	
		City			Lip Coue	,	

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

Page 1 of 3

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 **Title Type of Action** Name Address GACIO GARCIA, MARISA 7060 NE 203 TEZ. AMBR ☐ Add MIAMI PL 33/79 Remove □ Change AMBR LOPEZ SANCHEZ, Norme to OMAR 2060 NE 203 TER MI AUI FL 33179 Remove ☐ Change AMBR CECHALOSEZGACIO, VERONICA 7060 N.E 203 TER 41AMI FL 33179 ☐ Change MGR SCHNEIDER, GASTON 2060 NE 203 TER MIANI FL 33179 ☐ Remove ☐ Change 16 SEP 29 PH 20 DIVISION OF CLORE OF CLORE □ Remove

□ Change

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Page 3 of 3

Filing Fee: \$25.00