114000186893

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07/30/18--01035--024 **25.00

18 JUL 30 PM 6: 20
SECRETARY OF STATE

K. SALY AUG -7 2018

COVER LETTER

SUBJECT:	Four Star	5 Groves	
	For Star	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Sur	H Kanaley	
		Name of Person	
	1.5	Firm/Company	
	1730	o sw 60ct Address	
	South	City/State and Zip Code Line 57 & Bel/South to be used for future annual report notifi	3333/
	r::1	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c		
Scot	t Konaley	at (<u></u> 954.) <u>328 -</u> Area Code Daytime	4902
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy	☐ \$60,00 Filing Fee. Certificate of Status

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

FILED

18 JUL 30 PM 6: 20

TALLAHASSEE, FLORIDA

Four Stars Groves

(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 Liability	Company were filed on $\frac{7/2/18}{}$ and assigned
Florida document number <u>414000/86893</u>	<u>3_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(mining maness MAT BE A FOST OFFICE BOA)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:	gistered office address on our records, <u>enter the name of the new</u> idress here:
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Register	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is cred office address, I hereby confirm that the limited liability be.
	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 Title Name **Address** Type of Action Bruce Hyman Member is Deceased

Prior Address:

601 AW Band Loe □ Add Remove Plantation, PL 33324 ☐ Change □ Add □ Remove □ Add ☐ Remove ☐ Change bbA 🗖 □ Remove □ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00