

L15000050992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

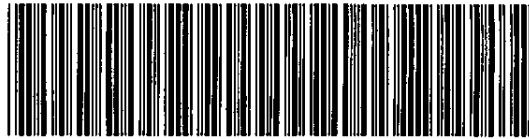
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 12 P 2:11

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2015

DENNIS PLOTTS
5912 GOTTFRIED LN
NORTHPORT, FL 34291

SUBJECT: FIVE STAR GARAGE SOLUTIONS, LLC
Ref. Number: L15000050992

RECEIVED
15 MAY 12 11:10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

We have received your document for FIVE STAR GARAGE SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 615A00008312

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

five star garage solutions LLC

(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 March 20th 2015 and assigned
Florida document number L15000050992

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sara's home organizing "LLC."

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5912 Gottfried Ln

North Port, FL 34291

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dennis Plotts

New Registered Office Address:

5912 Gottfried Ln

Enter Florida street address

North Port

City

Florida

FL 34291

Zip Code

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.

Dennis Plotts

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

★ ~~Tax ID #~~ Please Add:

47-3476717

~~XXXXXXXXXXXX~~ five star garage USA (NO)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/08/2015

Dennis Plott

Signature of a member or authorized representative of a member

DENNIS PLOTT

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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