L15000082323

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| SUBJI | | ing Solutions LLC | • | |
| .уорил | | Name of Lim | ited Liability Company | |
| | | | | |
| The en | sclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | James Henrich | | |
| | | | Name of Person | |
| | | 5 Star Staffing Solutions | | |
| | | | Firm/Company | |
| | | 27410 Water Ash Drive | | |
| | | | Address | |
| | | Wesley Chapel, FL 33544 | | |
| | | | City/State and Zip Code | |
| | | henrichjd@gmail.com | to be used for future annual report notif | fication) |
| ,, c | | | | |
| For Iui | ither information of | oncerning this matter, please c | aii. | |
| James | Henrich | | 727 919-1590 at () | |
| | Name of | f Person | | e Telephone Number |
| Enclos | ed 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 Addres Registration S | | Street Address: Registration Sec | etion |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
|--|---|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number 1.15000082323 | were filed on May 8, 2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| 2nd Star to the Right LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 27440 Cashford Circle, Suite 102 | - F |
| (Principal office address MUST BE A STREET ADDRESS) | Wesley Chapel, FL 33544 | |
| | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | 27410 Water Ash Drive | |
| (Mailing address MAY BE A POST OFFICE BOX) | Wesley Chapel, FL 33544 | · |
| | | |
| | address on our records, enter the | name of the new reg |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | | |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | Enter Florida street address | |
| Name of New 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 |
|--------------|-------------|---------------|----------------|
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| ctive | e date, if other than the date of filing: (optional) |
| ettect e: If | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| ımen | it's effective date on the Department of State's records. |
| | |
| ord s | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| filed | I. |
| | and the second |
| ed | September 12th 2024 |
| | |
| | James Tongs |
| | Signature of a member or authorized representative of a member |
| | James Henrich |