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2/6/21

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	35 NE 261	TH STREET	LLC	
	Name of	Limited Liability Company		_
The enclosed Art	icles of Amendment and fee(s) are	submitted for filing.		
Please return all o	correspondence concerning this ma	tter to the following:		
	LANC	E BURSTYN Name of Person	ew	 -
	GLOBAL	STAR VENTUR	ES LLC	2020 DEC 28 PH 3: 13 SUBJECT OF STATE SUBJECT OF STATE
	40	NW 29 TH ST	REET	28
	M	IIAMI FL 3		OF STA
	LANCE (C) C E-mail addres	City/State and Zip Code LOBAL STARVENT ss: (to be used for future annual		— F.Ε. ω
For further inform	nation concerning this matter, pleas	e call:		
	E BULSTYN Name of Person	at (<u>305</u>)	992-6053	
/		Area Code	Daytime Telephone Nun	nber
Enclosed is a chec	ck for the following amount: Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end	Certif closed) Certif	O Filing Fee, ficate of Status & fied Copy fied Copy fied copy is enclosed)
Division P.O. Bo	ation Section n of Corporations	Divisio The Ce 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite ssee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

36 NE 26 STRE	ET LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our recorbility Company)	ds.)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $8/26/$	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TH STREET
(Principal office address MUST BE A STREET ADDRESS)	MIAMIEL	13/27
		· 2
Enter new mailing address, if applicable:	SAME	20 DEC 2
(Mailing address MAY BE A POST OFFICE BOX)		O
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	iress on our records, <u>enter</u>	the manife of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
		orida
New Registered Agent's Signature, if changing Registered Agent:	City .	Zip Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provide the obligations of the properties of the registered office additionable to merely reflect a change in the registered office additionable to merely reflect in writing of this change.	rformance of my duties, ar vided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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	<u>Name</u>	Address	Type of Action
MEMBER	Mansola Corr	ap: Burtyn 2505 FLAMINGO)	RIVE WAdd
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	-46 177		OAdd
			Remove Part Change
			28 Badd 3: CF STATE Remove
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ffective date, if other than the date of filing	•		_ (optional)	
an effective date is listed, the date must be specific and ote: If the date inserted in this block does not m	cannot be prior to dat	e of filing or more than 90 o	days after filing) F	ursuant to 605.020
ocument's effective date on the Department of St	ate's records.			in not of miles
record specifies a delayed effective date, but not a	an effective time, a	t 12:01 a.m. on the earli	er of: (b) The	90th day after th
is filed.			or (0) The	, our day arrer in
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	ember or authorized	representative of a membe	·	

Filing Fee: \$25.00