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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SIX STARS REAL ESTATE LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mira Elmann Name of Person
Firm/Company
19400 TURNBERRY WGY # 422
Aventura Fl 33180 City/State and Zip Code Musique Mira @ amail. Com Established to be used to fittle demand and traditions.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mira Finann at 917 388-0174 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

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

Six STARS REAL	Estate LLC
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/500/87/0</u> /	were filed on $11/64/15$ and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	15 N
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	Florida So us
- -	City ZipCode ZipCode
New Registered Agent's Signature, if changing Registered Agent:	🧩 Č

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> Name **Address Type of Action** _□ Add 33180 #422 19400 TURNBERY JUXY Aventury F Remove ☐ Change □ Add _□ Remove _□ Change □ Add ☐ Remove _□ Change ☐ Remove ☐ Change ☐ Add _□ Remove ☐ Change □ Add ☐ Remove 🗓 Change

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Effecti	ve date, if other than the date of filing: (optional)	in Supremental
(If an eff	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	์ 0207 (3 สี ลิธี เห
docum	ent's effective date on the Department of State's records.	4 ,40
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r or:
Dated	November 24, 2015.	
	Signature of a member or authorized representative of a member	
	Mira Elmann Typed or printed name of signee	
	The second second	

Page 3 of 3

Filing Fee: \$25.00