

L16000086001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOFTAIL 1584 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:

Chant Karajian  
Name of Person  
10 Stars Property Management LLC  
Firm Company  
8200 66th St N Suite 2A  
Address  
Pinellas Park, FL 33781  
City/State and Zip Code  
manager@10starhomes.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chant Karajian at (844) 707-3773  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SOFTAIL 1584 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 05/02/2016 and assigned  
Florida document number L16000086001

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)**

8200 66th St N Suite 2A

Pinellas Park, FL 33781

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8200 66th St N Suite 2A

Pinellas Park, FL 33781

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**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:**

10 Stars Property Management LLC Chant Karajian

**New Registered Office Address:**

8200 66th St N Suite 2A

*Enter Florida street address*

Pinellas Park

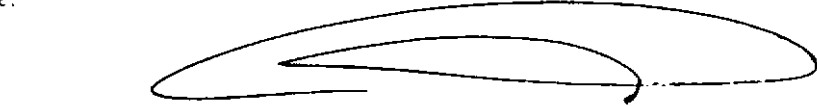
*City*

Florida 33781

*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.*

  
**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>      | <u>Address</u>                               | <u>Type of Action</u>                      |
|--------------|------------------|--|--|
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |
| ambr         | GARNIER, OLIVIER |  | <input type="checkbox"/> Add               |
|              |                  | 10225 ULMERTON ROAD SUITE 9C LARGO, FL 33771 | <input checked="" type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |
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**Filing Fee: \$25.00**