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(Re	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

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SUBJECT:		astal, LLC				
_		Name of Li	imited Liability Co	mpany	_	
The enclosed A	Articles of A	Amendment and fec(s) are su	ibmitted for filin	p.		
		ndence concerning this matte		=		
		Stephanie C. Hill, CPA				<u></u>
			Name of	Person		
		Hill Coleman, LLC				963 ALC 17
			Firm/Cor	npany		
		12805 US Hwy 98 E, Suit	te B202			
			Addre	SS		
		Inlet Beach, FL 32461				•
			City/State and	Zip Code		
		shill@hillcolemancpa.com				
For further info	rmation co	ncerning this matter, please o	(to be used for fut	are annual report:	notification)	
Stephanie C. Hi		g ma matter, prease c				
			850 at (659-2375)		
	Name of I	Person	Area (Code Day	time Telepho	one Number
Enclosed is a ch	eck for the	following amount:				
■ \$25.00 Filir	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional		ij	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	30x 6327	porations		Street Address: Registration S Division of C The Centre of	orporatio Tallahas	see
i ailah	iassee, FL	. 32314	:	2415 N. Mon	roe Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Star Coastal, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on07/07/2016	and assigned
Florida document number L16000128706		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	2.5
Judy Jones Realtor LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	the abbreviation."L.L.C."
	, , , ,	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	- PK
		?:
		36
Enter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 	d office address on our records, <u>enter the </u>	name of the new regist
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	City	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>	Address	Type of Action
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			□Remove
			□ Change
			□Add
			Remove
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an effective date is ote: If the date	listed, the date must be spinserted in this block d	necific and cannot be process not meet the app	ior to date of filing o licable statutory fi	r more than 90 days afte ling requirements, th	r filing.) Pursuant to 605.020 is date will not be listed a
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record specifies a Lis filed.	a delayed effective date	e, but not an effective	time, at 12:01 a.r	m. on the earlier of: (b) The 90th day after the
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1	12/1		<u>-</u>		
<u></u>		1 100	<u> </u>	ive of a member	
	✓ Signa	iture of a member∕or au	thorized-represental	ive of a member	
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Filing Fee: \$25.00